

South Lyon Medical Center

Shoppable Services Report - Table II (CMS-1717-F2)

Use CTRL-F to SEARCH

Shoppable Service	Primary Service and Ancillary Services	CPT Code <OR> HCPCS Code	Revenue Code	Standard Charge
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INPATIENT, SWING BED and SNF ROOMS (these are PER DAY rates)

1001 MED/SURG ROOM

1001	MED/SURG ROOM		120	\$ 1,350.00
Total of Standard Charges:				\$ 1,350.00

Inpatient Services

Copays, deductibles and coinsurances are not factored into these charge amounts since each patient's insurance plan is unique.

Prompt Pay charge amount (70%)----->	\$ 945.00
Minimum negotiated charge amount (90%) ----->	\$1,215.00
Maximum negotiated charge amount (95%) ----->	\$1,282.50
Aetna - negotiated charge amount (94%) ----->	\$1,269.00
Anthem Blue Cross - negotiated charge amount (95%) ----->	\$ 1,282.50
Hometown Health - negotiated charge amount (93%) ----->	\$ 1,255.50
Cigna - negotiated charge amount (90%) ----->	\$ 1,215.00
All other insurances - non-negotiated charge amount (100%) ----->	\$ 1,350.00

South Lyon Medical Center -- PATIENT DISCOUNT PROGRAMS

For patients with insurance who have a patient balance after insurance has paid -----> 20% patient discount excluding copays.

For patients who do not have insurance coverage -----> 30% patient discount if paid within 60 days and 20% thereafter.

South Lyon Medical Center offers financial assistance based upon income level to uninsured and underinsured patients.

NOTE: For all shoppable services additional charges are possible based on the circumstances of each hospital/clinic visit

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CPT Code
<OR>
HCPCS Code

Revenue Code

Standard Charge

Shoppable Service

Primary Service and Ancillary Services

INPATIENT, SWING BED and SNF ROOMS (these are PER DAY rates)

1002 TELEMETRY ROOM

1002	TELEMETRY ROOM	120	\$ 1,650.00
Total of Standard Charges:			\$ 1,650.00

Inpatient Services

Copays, deductibles and coinsurances are not factored into these charge amounts since each patient's insurance plan is unique.

Prompt Pay charge amount (70%)----->	\$ 1,155.00
Minimum negotiated charge amount (90%) ----->	\$ 1,485.00
Maximum negotiated charge amount (95%) ----->	\$ 1,567.50
Aetna - negotiated charge amount (94%) ----->	\$ 1,551.00
Anthem Blue Cross - negotiated charge amount (95%) ----->	\$ 1,567.50
Hometown Health - negotiated charge amount (93%) ----->	\$ 1,534.50
Cigna - negotiated charge amount (90%) ----->	\$ 1,485.00
All other insurances - non-negotiated charge amount (100%) ----->	\$ 1,650.00

South Lyon Medical Center -- PATIENT DISCOUNT PROGRAMS

For patients with insurance who have a patient balance after insurance has paid -----> 20% patient discount excluding copays.

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CPT Code
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HCPCS Code

Revenue Code

Standard Charge

Shoppable Service

Primary Service and Ancillary Services

INPATIENT, SWING BED and SNF ROOMS (these are PER DAY rates)

1003 SWING BED

1003	SWING BED	120	\$ 1,350.00
Total of Standard Charges:			\$ 1,350.00

Inpatient Services

Copays, deductibles and coinsurances are not factored into these charge amounts since each patient's insurance plan is unique.

Prompt Pay charge amount (70%)----->	\$ 945.00
Minimum negotiated charge amount (90%) ----->	\$ 1,215.00
Maximum negotiated charge amount (95%) ----->	\$ 1,282.50
Aetna - negotiated charge amount (94%) ----->	\$ 1,269.00
Anthem Blue Cross - negotiated charge amount (95%) ----->	\$ 1,282.50
Hometown Health - negotiated charge amount (93%) ----->	\$ 1,255.50
Cigna - negotiated charge amount (90%) ----->	\$ 1,215.00
All other insurances - non-negotiated charge amount (100%) ----->	\$ 1,350.00

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INPATIENT, SWING BED and SNF ROOMS (these are PER DAY rates)

1004 SNF/LTC ROOM

1004	SNF/LTC ROOM		120	\$ 365.00
			Total of Standard Charges:	\$ 365.00

Long Term Care

Copays, deductibles and coinsurances are not factored into these charge amounts since each patient's insurance plan is unique.

Prompt Pay charge amount (70%)----->	\$ 238.00
Minimum negotiated charge amount (90%) ----->	\$ 255.50
Maximum negotiated charge amount (95%) ----->	\$ 346.75
Aetna - negotiated charge amount (94%) ----->	\$ 343.10
Anthem Blue Cross - negotiated charge amount (95%) ----->	\$ 346.75
Hometown Health - negotiated charge amount (93%) ----->	\$ 316.20
Cigna - negotiated charge amount (90%) ----->	\$ 328.50
All other insurances - non-negotiated charge amount (100%) ----->	\$ 365.00

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CLINIC

10170000 PREEMPLOYMENT PHYSICAL

10170000	PREEMPLOYMENT PHYSICAL		960	\$ 75.00
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Total of Standard Charges: \$ 75.00

Clinics

Copays, deductibles and coinsurances are not factored into these charge amounts since each patient's insurance plan is unique.

Prompt Pay charge amount (70%)----->	\$ 52.50
Minimum negotiated charge amount (90%) ----->	\$ 67.50
Maximum negotiated charge amount (95%) ----->	\$ 71.25
Aetna - negotiated charge amount (94%) ----->	\$ 70.50
Anthem Blue Cross - negotiated charge amount (95%) ----->	\$ 71.25
Hometown Health - negotiated charge amount (93%) ----->	\$ 69.75
Cigna - negotiated charge amount (90%) ----->	\$ 67.50
All other insurances - non-negotiated charge amount (100%) ----->	\$ 75.00

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For patients with insurance who have a patient balance after insurance has paid -----> 20% patient discount excluding copays.

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CLINIC

10170344 INITIAL PREVENTATIVE PHYSICAL EXAM

10170344	INITIAL PREVENTATIVE PHYSICAL EXAM	G0402	521	\$265.00
			Total of Standard Charges:	\$ 265.00

Clinics

Copays, deductibles and coinsurances are not factored into these charge amounts since each patient's insurance plan is unique.

Prompt Pay charge amount (70%)----->	\$ 185.50
Minimum negotiated charge amount (90%) ----->	\$ 238.50
Maximum negotiated charge amount (95%) ----->	\$ 251.75
Aetna - negotiated charge amount (94%) ----->	\$ 249.10
Anthem Blue Cross - negotiated charge amount (95%) ----->	\$ 251.75
Hometown Health - negotiated charge amount (93%) ----->	\$ 246.45
Cigna - negotiated charge amount (90%) ----->	\$ 238.50
All other insurances - non-negotiated charge amount (100%) ----->	\$ 265.00

South Lyon Medical Center -- PATIENT DISCOUNT PROGRAMS

For patients with insurance who have a patient balance after insurance has paid -----> 20% patient discount excluding copays.

For patients who do not have insurance coverage -----> 30% patient discount if paid within 60 days and 20% thereafter.

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Shoppable Service	Primary Service and Ancillary Services	CPT Code <OR> HCPCS Code	Revenue Code	Standard Charge
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CLINIC

10171002 NEW PATIENT PREVENTATIVE CHILD 1-4

10171002	NEW PATIENT PREVENTATIVE CHILD 1-4	99382	521	\$ 240.00
Total of Standard Charges:				\$ 240.00

Clinics

Copays, deductibles and coinsurances are not factored into these charge amounts since each patient's insurance plan is unique.

Prompt Pay charge amount (70%)----->	\$ 168.00
Minimum negotiated charge amount (90%) ----->	\$ 216.00
Maximum negotiated charge amount (95%) ----->	\$ 228.00
Aetna - negotiated charge amount (94%) ----->	\$ 225.60
Anthem Blue Cross - negotiated charge amount (95%) ----->	\$ 228.00
Hometown Health - negotiated charge amount (93%) ----->	\$ 223.20
Cigna - negotiated charge amount (90%) ----->	\$ 216.00
All other insurances - non-negotiated charge amount (100%) ----->	\$ 240.00

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CLINIC

10171003 NEW PATIENT PREVENTATIVE CHILD AGE 5-11

10171003	NEW PATIENT PREVENTATIVE CHILD AGE 5-11	99383	521	\$ 240.00
Total of Standard Charges:				\$ 240.00

Clinics

Copays, deductibles and coinsurances are not factored into these charge amounts since each patient's insurance plan is unique.

Prompt Pay charge amount (70%)----->	\$ 168.00
Minimum negotiated charge amount (90%) ----->	\$ 216.00
Maximum negotiated charge amount (95%) ----->	\$ 228.00
Aetna - negotiated charge amount (94%) ----->	\$ 225.60
Anthem Blue Cross - negotiated charge amount (95%) ----->	\$ 228.00
Hometown Health - negotiated charge amount (93%) ----->	\$ 223.20
Cigna - negotiated charge amount (90%) ----->	\$ 216.00
All other insurances - non-negotiated charge amount (100%) ----->	\$ 240.00

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CLINIC

10171004 NEW PT PREVENTATIVE CHILD AGE 12-17

10171004	NEW PT PREVENTATIVE CHILD AGE 12-17	99384	521	\$ 278.00
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Total of Standard Charges: \$ 278.00

Clinics

Copays, deductibles and coinsurances are not factored into these charge amounts since each patient's insurance plan is unique.

Prompt Pay charge amount (70%)----->	\$ 194.60
Minimum negotiated charge amount (90%) ----->	\$ 250.20
Maximum negotiated charge amount (95%) ----->	\$ 264.10
Aetna - negotiated charge amount (94%) ----->	\$ 261.32
Anthem Blue Cross - negotiated charge amount (95%) ----->	\$ 264.10
Hometown Health - negotiated charge amount (93%) ----->	\$ 258.54
Cigna - negotiated charge amount (90%) ----->	\$ 250.20
All other insurances - non-negotiated charge amount (100%) ----->	\$ 278.00

South Lyon Medical Center -- PATIENT DISCOUNT PROGRAMS

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CLINIC

10171005 NEW PATIENT PREVENTATIVE EXAM 18-39

10171005	NEW PATIENT PREVENTATIVE EXAM 18-39	99385	521	\$ 300.00
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Total of Standard Charges: \$ 300.00

Prompt Pay charge amount (70%)-----> \$ 210.00

Minimum negotiated charge amount (90%) -----> \$ 270.00

Maximum negotiated charge amount (95%) -----> \$ 285.00

Aetna - negotiated charge amount (94%) -----> \$ 282.00

Anthem Blue Cross - negotiated charge amount (95%) -----> \$ 285.00

Hometown Health - negotiated charge amount (93%) -----> \$ 279.00

Cigna - negotiated charge amount (90%) -----> \$ 270.00

All other insurances - non-negotiated charge amount (100%) -----> \$ 300.00

Copays, deductibles and coinsurances are not factored into these charge amounts since each patient's insurance plan is unique.

CMS-Specified Shoppable Service

Clinics

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CLINIC

10171111 TELEHEALTH ORIGINATING SITE FACILITY FEE

10171111	TELEHEALTH ORIGINATING SITE FACILITY FEE	Q3014	780	\$ 68.00
			Total of Standard Charges:	\$ 68.00

Clinics

Copays, deductibles and coinsurances are not factored into these charge amounts since each patient's insurance plan is unique.

Prompt Pay charge amount (70%)----->	\$ 47.60
Minimum negotiated charge amount (90%) ----->	\$ 61.20
Maximum negotiated charge amount (95%) ----->	\$ 64.60
Aetna - negotiated charge amount (94%) ----->	\$ 63.92
Anthem Blue Cross - negotiated charge amount (95%) ----->	\$ 64.60
Hometown Health - negotiated charge amount (93%) ----->	\$ 63.24
Cigna - negotiated charge amount (90%) ----->	\$ 61.20
All other insurances - non-negotiated charge amount (100%) ----->	\$ 68.00

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Shoppable Service	Primary Service and Ancillary Services	CPT Code <OR> HCPCS Code	Revenue Code	Standard Charge
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CLINIC

10179007 NEW PATIENT PREVENTATIVE CHILD UNDER 1

10179007	NEW PATIENT PREVENTATIVE CHILD UNDER 1	99381	521	\$ 224.00
			Total of Standard Charges:	\$ 224.00

Clinics

Copays, deductibles and coinsurances are not factored into these charge amounts since each patient's insurance plan is unique.

Prompt Pay charge amount (70%)----->	\$ 156.80
Minimum negotiated charge amount (90%) ----->	\$ 201.60
Maximum negotiated charge amount (95%) ----->	\$ 212.80
Aetna - negotiated charge amount (94%) ----->	\$ 210.56
Anthem Blue Cross - negotiated charge amount (95%) ----->	\$ 212.80
Hometown Health - negotiated charge amount (93%) ----->	\$ 208.32
Cigna - negotiated charge amount (90%) ----->	\$ 201.60
All other insurances - non-negotiated charge amount (100%) ----->	\$ 224.00

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CLINIC

10179201 LEVEL 1 PROBLEM FOCUSED NEW

10179201	LEVEL 1 PROBLEM FOCUSED NEW	99201	521	\$ 150.00
			Total of Standard Charges:	\$ 150.00

Clinics

Copays, deductibles and coinsurances are not factored into these charge amounts since each patient's insurance plan is unique.

Prompt Pay charge amount (70%)----->	\$ 105.00
Minimum negotiated charge amount (90%) ----->	\$ 135.00
Maximum negotiated charge amount (95%) ----->	\$ 142.50
Aetna - negotiated charge amount (94%) ----->	\$ 141.00
Anthem Blue Cross - negotiated charge amount (95%) ----->	\$ 142.50
Hometown Health - negotiated charge amount (93%) ----->	\$ 139.50
Cigna - negotiated charge amount (90%) ----->	\$ 135.00
All other insurances - non-negotiated charge amount (100%) ----->	\$ 150.00

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CLINIC

10179202 LEVEL 2 EXPANDED PROBLEM FOCUSED NEW

10179202	LEVEL 2 EXPANDED PROBLEM FOCUSED NEW	99202	521	\$ 180.00
			Total of Standard Charges:	\$ 180.00

Clinics

Copays, deductibles and coinsurances are not factored into these charge amounts since each patient's insurance plan is unique.

Prompt Pay charge amount (70%)----->	\$ 126.00
Minimum negotiated charge amount (90%) ----->	\$ 162.00
Maximum negotiated charge amount (95%) ----->	\$ 171.00
Aetna - negotiated charge amount (94%) ----->	\$ 169.20
Anthem Blue Cross - negotiated charge amount (95%) ----->	\$ 171.00
Hometown Health - negotiated charge amount (93%) ----->	\$ 167.40
Cigna - negotiated charge amount (90%) ----->	\$ 162.00
All other insurances - non-negotiated charge amount (100%) ----->	\$ 180.00

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CLINIC

10179203 LEVEL 3 DETAILED EXAM NEW

10179203	LEVEL 3 DETAILED EXAM NEW	99203	521	\$ 278.00
			Total of Standard Charges:	\$ 278.00

Copays, deductibles and coinsurances are not factored into these charge amounts since each patient's insurance plan is unique.

Prompt Pay charge amount (70%)----->	\$ 194.60
Minimum negotiated charge amount (90%) ----->	\$ 250.20
Maximum negotiated charge amount (95%) ----->	\$ 264.10
Aetna - negotiated charge amount (94%) ----->	\$261.32
Anthem Blue Cross - negotiated charge amount (95%) ----->	\$ 264.10
Hometown Health - negotiated charge amount (93%) ----->	\$ 258.54
Cigna - negotiated charge amount (90%) ----->	\$ 250.20
All other insurances - non-negotiated charge amount (100%) ----->	\$ 278.00

CMS-Specified Shoppable Service

Clinics

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CLINIC

10179204 LEVEL 4 COMPREHENSIVE HX NEW

10179204	LEVEL 4 COMPREHENSIVE HX NEW	99204	521	\$ 398.00
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Total of Standard Charges: \$ 368.00

Prompt Pay charge amount (70%)-----> \$ 278.60

Minimum negotiated charge amount (90%) -----> \$ 358.20

Maximum negotiated charge amount (95%) -----> \$378.10

Aetna - negotiated charge amount (94%) -----> \$ 374.12

Anthem Blue Cross - negotiated charge amount (95%) -----> \$ 378.10

Hometown Health - negotiated charge amount (93%) -----> \$ 370.14

Cigna - negotiated charge amount (90%) -----> \$ 358.20

All other insurances - non-negotiated charge amount (100%) -----> \$ 368.00

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CMS-Specified Shoppable Service

Clinics

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CLINIC

10179205 LEVEL 5 COMPREHENSIVE EXAM NEW

10179205	LEVEL 5 COMPREHENSIVE EXAM NEW	99205	521	\$ 473.00
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Total of Standard Charges: \$ 473.00

Prompt Pay charge amount (70%)-----> \$ 331.10

Minimum negotiated charge amount (90%) -----> \$ 425.70

Maximum negotiated charge amount (95%) -----> \$ 449.35

Aetna - negotiated charge amount (94%) -----> \$ 444.62

Anthem Blue Cross - negotiated charge amount (95%) -----> \$ 449.35

Hometown Health - negotiated charge amount (93%) -----> \$ 439.89

Cigna - negotiated charge amount (90%) -----> \$ 425.70

All other insurances - non-negotiated charge amount (100%) -----> \$ 473.00

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CMS-Specified Shoppable Service

Clinics

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CLINIC

10179212 LEVEL 1 PROBLEM FOCUSED ESTAB

10179212	LEVEL 1 PROBLEM FOCUSED ESTAB	99212	521	\$ 135.00
			Total of Standard Charges:	\$ 135.00

Clinics

Copays, deductibles and coinsurances are not factored into these charge amounts since each patient's insurance plan is unique.

Prompt Pay charge amount (70%)----->	\$ 94.50
Minimum negotiated charge amount (90%) ----->	\$ 121.50
Maximum negotiated charge amount (95%) ----->	\$ 128.25
Aetna - negotiated charge amount (94%) ----->	\$ 126.90
Anthem Blue Cross - negotiated charge amount (95%) ----->	\$ 128.25
Hometown Health - negotiated charge amount (93%) ----->	\$ 125.55
Cigna - negotiated charge amount (90%) ----->	\$ 121.50
All other insurances - non-negotiated charge amount (100%) ----->	\$ 135.00

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CLINIC

10179213 LEVEL 2 EXPANDED PROBLEM FOCUSED ESTAB

10179213	LEVEL 2 EXPANDED PROBLEM FOCUSED ESTAB	99213	521	\$ 180.00
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Total of Standard Charges: \$ 180.00

Clinics

Copays, deductibles and coinsurances are not factored into these charge amounts since each patient's insurance plan is unique.

Prompt Pay charge amount (70%)----->	\$ 126.00
Minimum negotiated charge amount (90%) ----->	\$ 162.00
Maximum negotiated charge amount (95%) ----->	\$ 171.00
Aetna - negotiated charge amount (94%) ----->	\$ 169.20
Anthem Blue Cross - negotiated charge amount (95%) ----->	\$ 171.00
Hometown Health - negotiated charge amount (93%) ----->	\$ 167.40
Cigna - negotiated charge amount (90%) ----->	\$ 162.00
All other insurances - non-negotiated charge amount (100%) ----->	\$ 180.00

South Lyon Medical Center -- PATIENT DISCOUNT PROGRAMS

For patients with insurance who have a patient balance after insurance has paid -----> 20% patient discount excluding copays.

For patients who do not have insurance coverage -----> 30% patient discount if paid within 60 days and 20% thereafter.

South Lyon Medical Center offers financial assistance based upon income level to uninsured and underinsured patients.

NOTE: For all shoppable services additional charges are possible based on the circumstances of each hospital/clinic visit

South Lyon Medical Center

Shoppable Services Report - Table II (CMS-1717-F2)

Use CTRL-F to SEARCH

Shoppable Service	Primary Service and Ancillary Services	CPT Code <OR> HCPCS Code	Revenue Code	Standard Charge
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CLINIC

10179214 LEVEL 3 DETAILED EXAM ESTAB

10179214	LEVEL 3 DETAILED EXAM ESTAB	99214	521	\$ 248.00
			Total of Standard Charges:	\$ 248.00

Clinics

Copays, deductibles and coinsurances are not factored into these charge amounts since each patient's insurance plan is unique.

Prompt Pay charge amount (70%)----->	\$ 173.60
Minimum negotiated charge amount (90%) ----->	\$ 223.20
Maximum negotiated charge amount (95%) ----->	\$ 235.60
Aetna - negotiated charge amount (94%) ----->	\$ 233.12
Anthem Blue Cross - negotiated charge amount (95%) ----->	\$ 235.60
Hometown Health - negotiated charge amount (93%) ----->	\$ 230.64
Cigna - negotiated charge amount (90%) ----->	\$ 223.20
All other insurances - non-negotiated charge amount (100%) ----->	\$ 248.00

South Lyon Medical Center -- PATIENT DISCOUNT PROGRAMS

For patients with insurance who have a patient balance after insurance has paid -----> 20% patient discount excluding copays.

For patients who do not have insurance coverage -----> 30% patient discount if paid within 60 days and 20% thereafter.

South Lyon Medical Center offers financial assistance based upon income level to uninsured and underinsured patients.

NOTE: For all shoppable services additional charges are possible based on the circumstances of each hospital/clinic visit

South Lyon Medical Center

Shoppable Services Report - Table II (CMS-1717-F2)

Use CTRL-F to SEARCH

Shoppable Service	Primary Service and Ancillary Services	CPT Code <OR> HCPCS Code	Revenue Code	Standard Charge
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CLINIC

10179215 LEVEL 4 COMPREHENSIVE HX ESTAB

10179215	LEVEL 4 COMPREHENSIVE HX ESTAB	99215	521	\$353.00
			Total of Standard Charges:	\$ 353.00

Clinics

Copays, deductibles and coinsurances are not factored into these charge amounts since each patient's insurance plan is unique.

Prompt Pay charge amount (70%)----->	\$ 247.10
Minimum negotiated charge amount (90%) ----->	\$ 317.70
Maximum negotiated charge amount (95%) ----->	\$ 335.35
Aetna - negotiated charge amount (94%) ----->	\$ 331.82
Anthem Blue Cross - negotiated charge amount (95%) ----->	\$ 335.35
Hometown Health - negotiated charge amount (93%) ----->	\$ 328.29
Cigna - negotiated charge amount (90%) ----->	\$ 317.70
All other insurances - non-negotiated charge amount (100%) ----->	\$ 353.00

South Lyon Medical Center -- PATIENT DISCOUNT PROGRAMS

For patients with insurance who have a patient balance after insurance has paid -----> 20% patient discount excluding copays.

For patients who do not have insurance coverage -----> 30% patient discount if paid within 60 days and 20% thereafter.

South Lyon Medical Center offers financial assistance based upon income level to uninsured and underinsured patients.

NOTE: For all shoppable services additional charges are possible based on the circumstances of each hospital/clinic visit

South Lyon Medical Center

Shoppable Services Report - Table II (CMS-1717-F2)

Use CTRL-F to SEARCH

Shoppable Service	Primary Service and Ancillary Services	CPT Code <OR> HCPCS Code	Revenue Code	Standard Charge
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CLINIC

10179386 NEW PATIENT PREVENTATIVE EXAM 40-64

10179386	NEW PATIENT PREVENTATIVE EXAM 40-64	99386	521	\$ 338.00
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Total of Standard Charges: \$ 338.00

Prompt Pay charge amount (70%)-----> \$236.60

Minimum negotiated charge amount (90%) -----> \$ 304.20

Maximum negotiated charge amount (95%) -----> \$ 321.10

Aetna - negotiated charge amount (94%) -----> \$ 317.72

Anthem Blue Cross - negotiated charge amount (95%) -----> \$ 321.10

Hometown Health - negotiated charge amount (93%) -----> \$ 314.34

Cigna - negotiated charge amount (90%) -----> \$ 304.20

All other insurances - non-negotiated charge amount (100%) -----> \$ 338.00

Copays, deductibles and coinsurances are not factored into these charge amounts since each patient's insurance plan is unique.

CMS-Specified Shoppable Service

Clinics

South Lyon Medical Center -- PATIENT DISCOUNT PROGRAMS

For patients with insurance who have a patient balance after insurance has paid -----> 20% patient discount excluding copays.

For patients who do not have insurance coverage -----> 30% patient discount if paid within 60 days and 20% thereafter.

South Lyon Medical Center offers financial assistance based upon income level to uninsured and underinsured patients.

NOTE: For all shoppable services additional charges are possible based on the circumstances of each hospital/clinic visit

South Lyon Medical Center

Shoppable Services Report - Table II (CMS-1717-F2)

Use CTRL-F to SEARCH

<u>Shoppable Service</u>	<u>Primary Service and Ancillary Services</u>	<u>CPT Code</u> <u><OR></u> <u>HCPCS Code</u>	<u>Revenue Code</u>	<u>Standard Charge</u>
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CLINIC

10179392 ESTABLISHED PREVENTATIVE CHILD AGE 1-4

10179392	ESTABLISHED PREVENTATIVE CHILD AGE 1-4	99392	521	\$ 210.00
			Total of Standard Charges:	\$ 210.00

Clinics

Copays, deductibles and coinsurances are not factored into these charge amounts since each patient's insurance plan is unique.

Prompt Pay charge amount (70%)----->	\$ 147.00
Minimum negotiated charge amount (90%) ----->	\$ 189.00
Maximum negotiated charge amount (95%) ----->	\$ 199.50
Aetna - negotiated charge amount (94%) ----->	\$ 197.40
Anthem Blue Cross - negotiated charge amount (95%) ----->	\$ 199.50
Hometown Health - negotiated charge amount (93%) ----->	\$ 195.30
Cigna - negotiated charge amount (90%) ----->	\$ 189.00
All other insurances - non-negotiated charge amount (100%) ----->	\$ 210.00

South Lyon Medical Center -- PATIENT DISCOUNT PROGRAMS

For patients with insurance who have a patient balance after insurance has paid -----> 20% patient discount excluding copays.

For patients who do not have insurance coverage -----> 30% patient discount if paid within 60 days and 20% thereafter.

South Lyon Medical Center offers financial assistance based upon income level to uninsured and underinsured patients.

NOTE: For all shoppable services additional charges are possible based on the circumstances of each hospital/clinic visit

South Lyon Medical Center

Shoppable Services Report - Table II (CMS-1717-F2)

Use CTRL-F to SEARCH

Shoppable Service	Primary Service and Ancillary Services	CPT Code <OR> HCPCS Code	Revenue Code	Standard Charge
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CLINIC

10179393 ESTABLISHED PREVENTATIVE CHILD AGE 5-11

10179393	ESTABLISHED PREVENTATIVE CHILD AGE 5-11	99393	521	\$ 210.00
			Total of Standard Charges:	\$ 210.00

Clinics

Copays, deductibles and coinsurances are not factored into these charge amounts since each patient's insurance plan is unique.

Prompt Pay charge amount (70%)----->	\$ 147.00
Minimum negotiated charge amount (90%) ----->	\$ 189.00
Maximum negotiated charge amount (95%) ----->	\$ 199.50
Aetna - negotiated charge amount (94%) ----->	\$ 197.40
Anthem Blue Cross - negotiated charge amount (95%) ----->	\$ 199.50
Hometown Health - negotiated charge amount (93%) ----->	\$ 195.30
Cigna - negotiated charge amount (90%) ----->	\$ 189.00
All other insurances - non-negotiated charge amount (100%) ----->	\$ 210.00

South Lyon Medical Center -- PATIENT DISCOUNT PROGRAMS

For patients with insurance who have a patient balance after insurance has paid -----> 20% patient discount excluding copays.

For patients who do not have insurance coverage -----> 30% patient discount if paid within 60 days and 20% thereafter.

South Lyon Medical Center offers financial assistance based upon income level to uninsured and underinsured patients.

NOTE: For all shoppable services additional charges are possible based on the circumstances of each hospital/clinic visit

Shoppable Services Report - Table II
 (CMS-1717-F2)

Use CTRL-F to SEARCH

CPT Code
 <OR>
HCPCS Code

Revenue Code

Standard Charge

Shoppable Service

Primary Service and Ancillary Services

CLINIC

10179394 ESTABLISHED PREVENTATIVE EXAM 12-17YRS

10179394	ESTABLISHED PREVENTATIVE EXAM 12-17YRS	99394	521	\$ 278.00
			Total of Standard Charges:	\$ 278.00

Clinics

Copays, deductibles and coinsurances are not factored into these charge amounts since each patient's insurance plan is unique.

Prompt Pay charge amount (70%)----->	\$ 194.60
Minimum negotiated charge amount (90%) ----->	\$ 250.20
Maximum negotiated charge amount (95%) ----->	\$ 264.10
Aetna - negotiated charge amount (94%) ----->	\$ 261.32
Anthem Blue Cross - negotiated charge amount (95%) ----->	\$ 264.10
Hometown Health - negotiated charge amount (93%) ----->	\$ 258.54
Cigna - negotiated charge amount (90%) ----->	\$ 250.20
All other insurances - non-negotiated charge amount (100%) ----->	\$ 278.00

South Lyon Medical Center -- PATIENT DISCOUNT PROGRAMS

For patients with insurance who have a patient balance after insurance has paid -----> 20% patient discount excluding copays.
 For patients who do not have insurance coverage -----> 30% patient discount if paid within 60 days and 20% thereafter.

South Lyon Medical Center offers financial assistance based upon income level to uninsured and underinsured patients.

NOTE: For all shoppable services additional charges are possible based on the circumstances of each hospital/clinic visit

South Lyon Medical Center

Shoppable Services Report - Table II (CMS-1717-F2)

Use CTRL-F to SEARCH

Shoppable Service	Primary Service and Ancillary Services	CPT Code <OR> HCPCS Code	Revenue Code	Standard Charge
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CLINIC

10179395 ESTABLISHED PREVENTATIVE EXAM 18-39 YRS

10179395	ESTABLISHED PREVENTATIVE EXAM 18-39 YRS	99395	521	\$ 338.00
			Total of Standard Charges:	\$ 338.00

Clinics

Copays, deductibles and coinsurances are not factored into these charge amounts since each patient's insurance plan is unique.

Prompt Pay charge amount (70%)----->	\$ 236.60
Minimum negotiated charge amount (90%) ----->	\$ 304.20
Maximum negotiated charge amount (95%) ----->	\$ 321.10
Aetna - negotiated charge amount (94%) ----->	\$ 317.72
Anthem Blue Cross - negotiated charge amount (95%) ----->	\$ 321.10
Hometown Health - negotiated charge amount (93%) ----->	314.34
Cigna - negotiated charge amount (90%) ----->	\$ 304.20
All other insurances - non-negotiated charge amount (100%) ----->	\$ 338.00

South Lyon Medical Center -- PATIENT DISCOUNT PROGRAMS

For patients with insurance who have a patient balance after insurance has paid -----> 20% patient discount excluding copays.

For patients who do not have insurance coverage -----> 30% patient discount if paid within 60 days and 20% thereafter.

South Lyon Medical Center offers financial assistance based upon income level to uninsured and underinsured patients.

NOTE: For all shoppable services additional charges are possible based on the circumstances of each hospital/clinic visit

South Lyon Medical Center

Shoppable Services Report - Table II (CMS-1717-F2)

Use CTRL-F to SEARCH

Shoppable Service	Primary Service and Ancillary Services	CPT Code <OR> HCPCS Code	Revenue Code	Standard Charge
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CLINIC

10179396 ESTABLISHED PATIENT PREVENTATIVE 40-64

10179396	ESTABLISHED PATIENT PREVENTATIVE 40-64	99396	521	\$ 338.00
			Total of Standard Charges:	\$ 338.00

Clinics

Copays, deductibles and coinsurances are not factored into these charge amounts since each patient's insurance plan is unique.

Prompt Pay charge amount (70%)----->	\$ 236.60
Minimum negotiated charge amount (90%) ----->	\$ 304.20
Maximum negotiated charge amount (95%) ----->	\$ 321.10
Aetna - negotiated charge amount (94%) ----->	\$ 317.72
Anthem Blue Cross - negotiated charge amount (95%) ----->	\$ 321.10
Hometown Health - negotiated charge amount (93%) ----->	\$ 314.34
Cigna - negotiated charge amount (90%) ----->	\$ 304.20
All other insurances - non-negotiated charge amount (100%) ----->	\$ 338.00

South Lyon Medical Center -- PATIENT DISCOUNT PROGRAMS

For patients with insurance who have a patient balance after insurance has paid -----> 20% patient discount excluding copays.

For patients who do not have insurance coverage -----> 30% patient discount if paid within 60 days and 20% thereafter.

South Lyon Medical Center offers financial assistance based upon income level to uninsured and underinsured patients.

NOTE: For all shoppable services additional charges are possible based on the circumstances of each hospital/clinic visit

South Lyon Medical Center

Shoppable Services Report - Table II (CMS-1717-F2)

Use CTRL-F to SEARCH

Shoppable Service	Primary Service and Ancillary Services	CPT Code <OR> HCPCS Code	Revenue Code	Standard Charge
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CLINIC

10179397 ESTAB PREVENTATIVE EXAM 65 YRS & OLDER

10179397	ESTAB PREVENTATIVE EXAM 65 YRS & OLDER	99397	521	\$ 338.00
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Total of Standard Charges: \$ 338.00

Clinics

Copays, deductibles and coinsurances are not factored into these charge amounts since each patient's insurance plan is unique.

Prompt Pay charge amount (70%)----->	\$ 236.60
Minimum negotiated charge amount (90%) ----->	\$ 304.20
Maximum negotiated charge amount (95%) ----->	\$ 321.10
Aetna - negotiated charge amount (94%) ----->	\$ 317.72
Anthem Blue Cross - negotiated charge amount (95%) ----->	\$ 321.10
Hometown Health - negotiated charge amount (93%) ----->	\$ 314.34
Cigna - negotiated charge amount (90%) ----->	\$ 304.20
All other insurances - non-negotiated charge amount (100%) ----->	\$ 338.00

South Lyon Medical Center -- PATIENT DISCOUNT PROGRAMS

For patients with insurance who have a patient balance after insurance has paid -----> 20% patient discount excluding copays.

For patients who do not have insurance coverage -----> 30% patient discount if paid within 60 days and 20% thereafter.

South Lyon Medical Center offers financial assistance based upon income level to uninsured and underinsured patients.

NOTE: For all shoppable services additional charges are possible based on the circumstances of each hospital/clinic visit

South Lyon Medical Center

Shoppable Services Report - Table II (CMS-1717-F2)

Use CTRL-F to SEARCH

Shoppable Service	Primary Service and Ancillary Services	CPT Code <OR> HCPCS Code	Revenue Code	Standard Charge
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CLINIC

10179401 ESTABLISHED PREVENTATIVE CHILD UNDER 1

10179401	ESTABLISHED PREVENTATIVE CHILD UNDER 1	99391	521	\$ 188.00
			Total of Standard Charges:	\$ 188.80

Clinics

Copays, deductibles and coinsurances are not factored into these charge amounts since each patient's insurance plan is unique.

Prompt Pay charge amount (70%)----->	\$ 131.60
Minimum negotiated charge amount (90%) ----->	\$ 169.20
Maximum negotiated charge amount (95%) ----->	\$ 178.60
Aetna - negotiated charge amount (94%) ----->	\$ 176.72
Anthem Blue Cross - negotiated charge amount (95%) ----->	\$ 178.60
Hometown Health - negotiated charge amount (93%) ----->	\$ 174.84
Cigna - negotiated charge amount (90%) ----->	\$ 169.20
All other insurances - non-negotiated charge amount (100%) ----->	\$188.00

South Lyon Medical Center -- PATIENT DISCOUNT PROGRAMS

For patients with insurance who have a patient balance after insurance has paid -----> 20% patient discount excluding copays.

For patients who do not have insurance coverage -----> 30% patient discount if paid within 60 days and 20% thereafter.

South Lyon Medical Center offers financial assistance based upon income level to uninsured and underinsured patients.

NOTE: For all shoppable services additional charges are possible based on the circumstances of each hospital/clinic visit

South Lyon Medical Center

Shoppable Services Report - Table II (CMS-1717-F2)

Use CTRL-F to SEARCH

Shoppable Service	Primary Service and Ancillary Services	CPT Code <OR> HCPCS Code	Revenue Code	Standard Charge
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CLINIC

10179406 SMOK/TOBAC CESS GRTR 3 MIN LESS 10 MIN

10179406	SMOK/TOBAC CESS GRTR 3 MIN LESS 10 MIN	99406	960	\$ 41.00
			Total of Standard Charges:	\$ 41.00

Clinics

Copays, deductibles and coinsurances are not factored into these charge amounts since each patient's insurance plan is unique.

Prompt Pay charge amount (70%)----->	\$ 28.70
Minimum negotiated charge amount (90%) ----->	\$ 36.90
Maximum negotiated charge amount (95%) ----->	\$ 38.95
Aetna - negotiated charge amount (94%) ----->	\$ 38.54
Anthem Blue Cross - negotiated charge amount (95%) ----->	\$ 38.95
Hometown Health - negotiated charge amount (93%) ----->	\$ 38.13
Cigna - negotiated charge amount (90%) ----->	\$ 36.90
All other insurances - non-negotiated charge amount (100%) ----->	\$ 41.00

South Lyon Medical Center -- PATIENT DISCOUNT PROGRAMS

For patients with insurance who have a patient balance after insurance has paid -----> 20% patient discount excluding copays.

For patients who do not have insurance coverage -----> 30% patient discount if paid within 60 days and 20% thereafter.

South Lyon Medical Center offers financial assistance based upon income level to uninsured and underinsured patients.

NOTE: For all shoppable services additional charges are possible based on the circumstances of each hospital/clinic visit

South Lyon Medical Center

Shoppable Services Report - Table II (CMS-1717-F2)

Use CTRL-F to SEARCH

Shoppable Service	Primary Service and Ancillary Services	CPT Code <OR> HCPCS Code	Revenue Code	Standard Charge
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CLINIC

10179987 NEW PATENT PREVENTATIVE EXAM 65+

10179987	NEW PATENT PREVENTATIVE EXAM 65+	99387	521	\$ 338.00
Total of Standard Charges:				\$ 338.00

Clinics

Copays, deductibles and coinsurances are not factored into these charge amounts since each patient's insurance plan is unique.

Prompt Pay charge amount (70%)----->	\$ 236.60
Minimum negotiated charge amount (90%) ----->	\$ 304.20
Maximum negotiated charge amount (95%) ----->	\$ 321.10
Aetna - negotiated charge amount (94%) ----->	\$ 317.72
Anthem Blue Cross - negotiated charge amount (95%) ----->	\$ 321.10
Hometown Health - negotiated charge amount (93%) ----->	\$ 314.34
Cigna - negotiated charge amount (90%) ----->	\$ 304.20
All other insurances - non-negotiated charge amount (100%) ----->	\$ 338.00

South Lyon Medical Center -- PATIENT DISCOUNT PROGRAMS

For patients with insurance who have a patient balance after insurance has paid -----> 20% patient discount excluding copays.

For patients who do not have insurance coverage -----> 30% patient discount if paid within 60 days and 20% thereafter.

South Lyon Medical Center offers financial assistance based upon income level to uninsured and underinsured patients.

NOTE: For all shoppable services additional charges are possible based on the circumstances of each hospital/clinic visit

South Lyon Medical Center

Shoppable Services Report - Table II (CMS-1717-F2)

Use CTRL-F to SEARCH

Shoppable Service	Primary Service and Ancillary Services	CPT Code <OR> HCPCS Code	Revenue Code	Standard Charge
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CLINIC

10179988 ANNUAL WELLNESS VISIT; INITIAL VISIT

10179988	ANNUAL WELLNESS VISIT; INITIAL VISIT	G0438	521	\$ 375.00
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Total of Standard Charges: \$ 375.00

Clinics

Copays, deductibles and coinsurances are not factored into these charge amounts since each patient's insurance plan is unique.

Prompt Pay charge amount (70%)----->	\$ 175.00
Minimum negotiated charge amount (90%) ----->	\$ 337.50
Maximum negotiated charge amount (95%) ----->	\$ 356.25
Aetna - negotiated charge amount (94%) ----->	\$ 352.50
Anthem Blue Cross - negotiated charge amount (95%) ----->	\$ 356.25
Hometown Health - negotiated charge amount (93%) ----->	\$ 348.75
Cigna - negotiated charge amount (90%) ----->	\$ 337.50
All other insurances - non-negotiated charge amount (100%) ----->	\$ 375.00

South Lyon Medical Center -- PATIENT DISCOUNT PROGRAMS

For patients with insurance who have a patient balance after insurance has paid -----> 20% patient discount excluding copays.

For patients who do not have insurance coverage -----> 30% patient discount if paid within 60 days and 20% thereafter.

South Lyon Medical Center offers financial assistance based upon income level to uninsured and underinsured patients.

NOTE: For all shoppable services additional charges are possible based on the circumstances of each hospital/clinic visit

South Lyon Medical Center

Shoppable Services Report - Table II (CMS-1717-F2)

Use CTRL-F to SEARCH

Shoppable Service	Primary Service and Ancillary Services	CPT Code <OR> HCPCS Code	Revenue Code	Standard Charge
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CLINIC

10179997 ANNUAL WELLNESS VISIT; SUBSEQUENT

10179997	ANNUAL WELLNESS VISIT; SUBSEQUENT	G0439	521	\$ 375.00
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Total of Standard Charges: \$ 375.00

Clinics

Copays, deductibles and coinsurances are not factored into these charge amounts since each patient's insurance plan is unique.

Prompt Pay charge amount (70%)----->	\$ 262.50
Minimum negotiated charge amount (90%) ----->	\$ 337.50
Maximum negotiated charge amount (95%) ----->	\$ 356.25
Aetna - negotiated charge amount (94%) ----->	\$ 352.50
Anthem Blue Cross - negotiated charge amount (95%) ----->	\$ 356.20
Hometown Health - negotiated charge amount (93%) ----->	\$ 348.75
Cigna - negotiated charge amount (90%) ----->	\$ 337.50
All other insurances - non-negotiated charge amount (100%) ----->	\$ 375.00

South Lyon Medical Center -- PATIENT DISCOUNT PROGRAMS

For patients with insurance who have a patient balance after insurance has paid -----> 20% patient discount excluding copays.

For patients who do not have insurance coverage -----> 30% patient discount if paid within 60 days and 20% thereafter.

South Lyon Medical Center offers financial assistance based upon income level to uninsured and underinsured patients.

NOTE: For all shoppable services additional charges are possible based on the circumstances of each hospital/clinic visit

South Lyon Medical Center

Shoppable Services Report - Table II (CMS-1717-F2)

Use CTRL-F to SEARCH

Shoppable Service	Primary Service and Ancillary Services	CPT Code <OR> HCPCS Code	Revenue Code	Standard Charge
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CLINIC

10180000 CDL PHYSICAL

10180000	CDL PHYSICAL		521	\$ 125.00
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Total of Standard Charges: \$ 125.00

Clinics

Copays, deductibles and coinsurances are not factored into these charge amounts since each patient's insurance plan is unique.

Prompt Pay charge amount (70%)----->	\$ 87.50
Minimum negotiated charge amount (90%) ----->	\$ 112.50
Maximum negotiated charge amount (95%) ----->	\$ 118.75
Aetna - negotiated charge amount (94%) ----->	\$ 117.50
Anthem Blue Cross - negotiated charge amount (95%) ----->	\$ 118.75
Hometown Health - negotiated charge amount (93%) ----->	\$ 116.25
Cigna - negotiated charge amount (90%) ----->	\$ 112.50
All other insurances - non-negotiated charge amount (100%) ----->	\$ 125.00

South Lyon Medical Center -- PATIENT DISCOUNT PROGRAMS

For patients with insurance who have a patient balance after insurance has paid -----> 20% patient discount excluding copays.

For patients who do not have insurance coverage -----> 30% patient discount if paid within 60 days and 20% thereafter.

South Lyon Medical Center offers financial assistance based upon income level to uninsured and underinsured patients.

NOTE: For all shoppable services additional charges are possible based on the circumstances of each hospital/clinic visit

South Lyon Medical Center

Shoppable Services Report - Table II (CMS-1717-F2)

Use CTRL-F to SEARCH

Shoppable Service	Primary Service and Ancillary Services	CPT Code <OR> HCPCS Code	Revenue Code	Standard Charge
-------------------	--	--------------------------------	--------------	-----------------

CLINIC

10180004 SPORTS PHYSICAL

10180004	SPORTS PHYSICAL		521	\$ 20.00
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Total of Standard Charges: \$ 20.00

Clinics

Copays, deductibles and coinsurances are not factored into these charge amounts since each patient's insurance plan is unique.

Prompt Pay charge amount (70%)----->	\$ 14.00
Minimum negotiated charge amount (90%) ----->	\$ 18.00
Maximum negotiated charge amount (95%) ----->	\$ 19.00
Aetna - negotiated charge amount (94%) ----->	\$ 18.80
Anthem Blue Cross - negotiated charge amount (95%) ----->	\$ 19.00
Hometown Health - negotiated charge amount (93%) ----->	\$ 18.60
Cigna - negotiated charge amount (90%) ----->	\$ 18.00
All other insurances - non-negotiated charge amount (100%) ----->	\$ 20.00

South Lyon Medical Center -- PATIENT DISCOUNT PROGRAMS

For patients with insurance who have a patient balance after insurance has paid -----> 20% patient discount excluding copays.

For patients who do not have insurance coverage -----> 30% patient discount if paid within 60 days and 20% thereafter.

South Lyon Medical Center offers financial assistance based upon income level to uninsured and underinsured patients.

NOTE: For all shoppable services additional charges are possible based on the circumstances of each hospital/clinic visit

South Lyon Medical Center

Shoppable Services Report - Table II (CMS-1717-F2)

Use CTRL-F to SEARCH

Shoppable Service	Primary Service and Ancillary Services	CPT Code <OR> HCPCS Code	Revenue Code	Standard Charge
-------------------	--	--------------------------------	--------------	-----------------

CLINIC

10180006 CNA PHYSICAL

10180006	CNA PHYSICAL		521	\$ 20.00
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Total of Standard Charges: \$ 20.00

Clinics

Copays, deductibles and coinsurances are not factored into these charge amounts since each patient's insurance plan is unique.

Prompt Pay charge amount (70%)----->	\$ 14.00
Minimum negotiated charge amount (90%) ----->	\$ 18.00
Maximum negotiated charge amount (95%) ----->	\$ 19.00
Aetna - negotiated charge amount (94%) ----->	\$ 18.80
Anthem Blue Cross - negotiated charge amount (95%) ----->	\$ 19.00
Hometown Health - negotiated charge amount (93%) ----->	\$ 18.60
Cigna - negotiated charge amount (90%) ----->	\$ 18.00
All other insurances - non-negotiated charge amount (100%) ----->	\$ 20.00

South Lyon Medical Center -- PATIENT DISCOUNT PROGRAMS

For patients with insurance who have a patient balance after insurance has paid -----> 20% patient discount excluding copays.

For patients who do not have insurance coverage -----> 30% patient discount if paid within 60 days and 20% thereafter.

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NOTE: For all shoppable services additional charges are possible based on the circumstances of each hospital/clinic visit

South Lyon Medical Center

Shoppable Services Report - Table II (CMS-1717-F2)

Use CTRL-F to SEARCH

Shoppable Service	Primary Service and Ancillary Services	CPT Code <OR> HCPCS Code	Revenue Code	Standard Charge
-------------------	--	--------------------------------	--------------	-----------------

CLINIC

10199173 ESTAB PATIENT ANNUAL GYNECOLOGICAL EXAM

10199173	ESTAB PATIENT ANNUAL GYNECOLOGICAL EXAM	S0612	521	\$ 257.00
			Total of Standard Charges:	\$ 257.00

Clinics

Copays, deductibles and coinsurances are not factored into these charge amounts since each patient's insurance plan is unique.

Prompt Pay charge amount (70%)----->	\$ 179.90
Minimum negotiated charge amount (90%) ----->	\$ 231.30
Maximum negotiated charge amount (95%) ----->	\$ 244.15
Aetna - negotiated charge amount (94%) ----->	\$ 241.58
Anthem Blue Cross - negotiated charge amount (95%) ----->	\$ 244.15
Hometown Health - negotiated charge amount (93%) ----->	\$ 239.01
Cigna - negotiated charge amount (90%) ----->	\$ 231.30
All other insurances - non-negotiated charge amount (100%) ----->	\$ 257.00

South Lyon Medical Center -- PATIENT DISCOUNT PROGRAMS

For patients with insurance who have a patient balance after insurance has paid -----> 20% patient discount excluding copays.

For patients who do not have insurance coverage -----> 30% patient discount if paid within 60 days and 20% thereafter.

South Lyon Medical Center offers financial assistance based upon income level to uninsured and underinsured patients.

NOTE: For all shoppable services additional charges are possible based on the circumstances of each hospital/clinic visit

South Lyon Medical Center

Shoppable Services Report - Table II (CMS-1717-F2)

Use CTRL-F to SEARCH

Shoppable Service	Primary Service and Ancillary Services	CPT Code <OR> HCPCS Code	Revenue Code	Standard Charge
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CLINIC

10199193 SMOKING/TOBACCO CESS 10 MIN GREATER

10199193	SMOKING/TOBACCO CESS 10 MIN GREATER	99407	521	\$ 90.00
			Total of Standard Charges:	\$ 90.00

Clinics

Copays, deductibles and coinsurances are not factored into these charge amounts since each patient's insurance plan is unique.

Prompt Pay charge amount (70%)----->	\$ 63.00
Minimum negotiated charge amount (90%) ----->	\$ 81.00
Maximum negotiated charge amount (95%) ----->	\$ 85.50
Aetna - negotiated charge amount (94%) ----->	\$ 84.60
Anthem Blue Cross - negotiated charge amount (95%) ----->	\$ 85.50
Hometown Health - negotiated charge amount (93%) ----->	\$ 83.70
Cigna - negotiated charge amount (90%) ----->	\$ 81.00
All other insurances - non-negotiated charge amount (100%) ----->	\$ 90.00

South Lyon Medical Center -- PATIENT DISCOUNT PROGRAMS

For patients with insurance who have a patient balance after insurance has paid -----> 20% patient discount excluding copays.

For patients who do not have insurance coverage -----> 30% patient discount if paid within 60 days and 20% thereafter.

South Lyon Medical Center offers financial assistance based upon income level to uninsured and underinsured patients.

NOTE: For all shoppable services additional charges are possible based on the circumstances of each hospital/clinic visit

South Lyon Medical Center

Shoppable Services Report - Table II (CMS-1717-F2)

Use CTRL-F to SEARCH

Shoppable Service	Primary Service and Ancillary Services	CPT Code <OR> HCPCS Code	Revenue Code	Standard Charge
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CLINIC

12599309 SUBSEQUENT NURSING FACILITY DETAILED

12599309	SUBSEQUENT NURSING FACILITY DETAILED	99309	525	\$ 164.00
			Total of Standard Charges:	\$ 164.00

Clinics

Copays, deductibles and coinsurances are not factored into these charge amounts since each patient's insurance plan is unique.

Prompt Pay charge amount (70%)----->	\$ 114.80
Minimum negotiated charge amount (90%) ----->	\$ 147.60
Maximum negotiated charge amount (95%) ----->	\$ 155.80
Aetna - negotiated charge amount (94%) ----->	\$ 154.16
Anthem Blue Cross - negotiated charge amount (95%) ----->	\$ 155.80
Hometown Health - negotiated charge amount (93%) ----->	\$ 152.52
Cigna - negotiated charge amount (90%) ----->	\$ 147.60
All other insurances - non-negotiated charge amount (100%) ----->	\$ 164.00

South Lyon Medical Center -- PATIENT DISCOUNT PROGRAMS

For patients with insurance who have a patient balance after insurance has paid -----> 20% patient discount excluding copays.

For patients who do not have insurance coverage -----> 30% patient discount if paid within 60 days and 20% thereafter.

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South Lyon Medical Center

Shoppable Services Report - Table II (CMS-1717-F2)

Use CTRL-F to SEARCH

Shoppable Service	Primary Service and Ancillary Services	CPT Code <OR> HCPCS Code	Revenue Code	Standard Charge
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INPATIENT, OUTPATIENT, SWING BED or SKILLED NURSING FACILITY

3060054 TRANSFERRIN

3060054	TRANSFERRIN	84466	301	\$ 101.00
3069995	VENIPUNCTURE	36415	309	\$ 22.00

VENIPUNCTURE - a single minimal charge will be added to a group of multiple lab tests if a blood draw is necessary

Total of Standard Charges: \$ 123.00

Laboratory

Copays, deductibles and coinsurances are not factored into these charge amounts since each patient's insurance plan is unique.

Prompt Pay charge amount (70%)----->	\$ 86.10
Minimum negotiated charge amount (90%) ----->	\$ 110.70
Maximum negotiated charge amount (95%) ----->	\$ 116.85
Aetna - negotiated charge amount (94%) ----->	\$ 115.62
Anthem Blue Cross - negotiated charge amount (95%) ----->	\$ 116.85
Hometown Health - negotiated charge amount (93%) ----->	\$ 110.70
Cigna - negotiated charge amount (90%) ----->	\$ 110.70
All other insurances - non-negotiated charge amount (100%) ----->	\$ 123.00

South Lyon Medical Center -- PATIENT DISCOUNT PROGRAMS

For patients with insurance who have a patient balance after insurance has paid -----> 20% patient discount excluding copays.

For patients who do not have insurance coverage -----> 30% patient discount if paid within 60 days and 20% thereafter.

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South Lyon Medical Center

Shoppable Services Report - Table II (CMS-1717-F2)

Use CTRL-F to SEARCH

Shoppable Service	Primary Service and Ancillary Services	CPT Code <OR> HCPCS Code	Revenue Code	Standard Charge
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INPATIENT, OUTPATIENT, SWING BED or SKILLED NURSING FACILITY

3060069 RENAL PANEL

3060069	RENAL PANEL	80069	301	\$ 135.00
3069995	VENIPUNCTURE	36415	309	\$ 22.00

VENIPUNCTURE - a single minimal charge will be added to a group of multiple lab tests if a blood draw is necessary

Total of Standard Charges: \$ 157.00

CMS-Specified Shoppable Service

Laboratory

Copays, deductibles and coinsurances are not factored into these charge amounts since each patient's insurance plan is unique.

Prompt Pay charge amount (70%)----->	\$ 109.90
Minimum negotiated charge amount (90%) ----->	\$ 141.30
Maximum negotiated charge amount (95%) ----->	\$ 149.15
Aetna - negotiated charge amount (94%) ----->	\$ 147.58
Anthem Blue Cross - negotiated charge amount (95%) ----->	\$ 149.15
Hometown Health - negotiated charge amount (93%) ----->	\$ 146.01
Cigna - negotiated charge amount (90%) ----->	\$ 141.30
All other insurances - non-negotiated charge amount (100%) ----->	\$ 157.00

South Lyon Medical Center -- PATIENT DISCOUNT PROGRAMS

For patients with insurance who have a patient balance after insurance has paid -----> 20% patient discount excluding copays.

For patients who do not have insurance coverage -----> 30% patient discount if paid within 60 days and 20% thereafter.

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South Lyon Medical Center

Shoppable Services Report - Table II (CMS-1717-F2)

Use CTRL-F to SEARCH

Shoppable Service	Primary Service and Ancillary Services	CPT Code <OR> HCPCS Code	Revenue Code	Standard Charge
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INPATIENT, OUTPATIENT, SWING BED or SKILLED NURSING FACILITY

3060099 VITAMIN C

3060099	VITAMIN C	8218090	301	\$ 159.00
3069995	VENIPUNCTURE	36415	309	\$ 22.00

VENIPUNCTURE - a single minimal charge will be added to a group of multiple lab tests if a blood draw is necessary

Total of Standard Charges: \$ 181.00

Laboratory

Copays, deductibles and coinsurances are not factored into these charge amounts since each patient's insurance plan is unique.

Prompt Pay charge amount (70%)----->	\$ 126.70
Minimum negotiated charge amount (90%) ----->	\$ 162.90
Maximum negotiated charge amount (95%) ----->	\$ 171.95
Aetna - negotiated charge amount (94%) ----->	\$ 170.14
Anthem Blue Cross - negotiated charge amount (95%) ----->	\$ 171.95
Hometown Health - negotiated charge amount (93%) ----->	\$ 168.33
Cigna - negotiated charge amount (90%) ----->	\$ 162.90
All other insurances - non-negotiated charge amount (100%) ----->	\$ 181.00

South Lyon Medical Center -- PATIENT DISCOUNT PROGRAMS

For patients with insurance who have a patient balance after insurance has paid -----> 20% patient discount excluding copays.

For patients who do not have insurance coverage -----> 30% patient discount if paid within 60 days and 20% thereafter.

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South Lyon Medical Center

Shoppable Services Report - Table II
(CMS-1717-F2)

Use CTRL-F to SEARCH

Shoppable Service	Primary Service and Ancillary Services	CPT Code <OR> HCPCS Code	Revenue Code	Standard Charge
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INPATIENT, OUTPATIENT, SWING BED or SKILLED NURSING FACILITY

3060101 URINE DRUG SCREEN (MEDICAL)

3060101	URINE DRUG SCREEN (MEDICAL)	80305	301	\$ 164.00
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VENIPUNCTURE - a single minimal charge will be added to a group of multiple lab tests if a blood draw is necessary

Total of Standard Charges: \$ 164.00

Laboratory

Copays, deductibles and coinsurances are not factored into these charge amounts since each patient's insurance plan is unique.

Prompt Pay charge amount (70%)----->	\$ 114.80
Minimum negotiated charge amount (90%) ----->	\$ 147.60
Maximum negotiated charge amount (95%) ----->	\$155.80
Aetna - negotiated charge amount (94%) ----->	\$ 154.16
Anthem Blue Cross - negotiated charge amount (95%) ----->	\$ 155.80
Hometown Health - negotiated charge amount (93%) ----->	\$ 152.52
Cigna - negotiated charge amount (90%) ----->	\$ 147.60
All other insurances - non-negotiated charge amount (100%) ----->	\$ 164.00

South Lyon Medical Center -- PATIENT DISCOUNT PROGRAMS

For patients with insurance who have a patient balance after insurance has paid -----> 20% patient discount excluding copays.

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South Lyon Medical Center

Shoppable Services Report - Table II (CMS-1717-F2)

Use CTRL-F to SEARCH

Shoppable Service	Primary Service and Ancillary Services	CPT Code <OR> HCPCS Code	Revenue Code	Standard Charge
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INPATIENT, OUTPATIENT, SWING BED or SKILLED NURSING FACILITY

3060124 VITAMIN B6

3060124	VITAMIN B6	8420790	301	\$ 239.00
3069995	VENIPUNCTURE	36415	309	\$ 22.00

VENIPUNCTURE - a single minimal charge will be added to a group of multiple lab tests if a blood draw is necessary

Total of Standard Charges: \$ 261.00

Laboratory

Copays, deductibles and coinsurances are not factored into these charge amounts since each patient's insurance plan is unique.

Prompt Pay charge amount (70%)----->	\$ 182.70
Minimum negotiated charge amount (90%) ----->	\$ 234.90
Maximum negotiated charge amount (95%) ----->	\$247.95
Aetna - negotiated charge amount (94%) ----->	\$ 245.34
Anthem Blue Cross - negotiated charge amount (95%) ----->	\$ 247.95
Hometown Health - negotiated charge amount (93%) ----->	\$242.73
Cigna - negotiated charge amount (90%) ----->	\$ 234.90
All other insurances - non-negotiated charge amount (100%) ----->	\$ 261.00

South Lyon Medical Center -- PATIENT DISCOUNT PROGRAMS

For patients with insurance who have a patient balance after insurance has paid -----> 20% patient discount excluding copays.

For patients who do not have insurance coverage -----> 30% patient discount if paid within 60 days and 20% thereafter.

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South Lyon Medical Center

Shoppable Services Report - Table II (CMS-1717-F2)

Use CTRL-F to SEARCH

Shoppable Service	Primary Service and Ancillary Services	CPT Code <OR> HCPCS Code	Revenue Code	Standard Charge
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INPATIENT, OUTPATIENT, SWING BED or SKILLED NURSING FACILITY

3060144 VITAMIN D 1 DIHYROXY

3060144	VITAMIN D 1 DIHYROXY	8265290	301	\$ 407.00
3069995	VENIPUNCTURE	36415	309	\$ 22.00

VENIPUNCTURE - a single minimal charge will be added to a group of multiple lab tests if a blood draw is necessary

Total of Standard Charges: \$ 429.00

Laboratory

Copays, deductibles and coinsurances are not factored into these charge amounts since each patient's insurance plan is unique.

Prompt Pay charge amount (70%)----->	\$300.30
Minimum negotiated charge amount (90%) ----->	\$ 386.10
Maximum negotiated charge amount (95%) ----->	\$ 407.55
Aetna - negotiated charge amount (94%) ----->	\$ 403.26
Anthem Blue Cross - negotiated charge amount (95%) ----->	\$ 407.55
Hometown Health - negotiated charge amount (93%) ----->	\$ 398.97
Cigna - negotiated charge amount (90%) ----->	\$ 386.10
All other insurances - non-negotiated charge amount (100%) ----->	\$ 429.00

South Lyon Medical Center -- PATIENT DISCOUNT PROGRAMS

For patients with insurance who have a patient balance after insurance has paid -----> 20% patient discount excluding copays.

For patients who do not have insurance coverage -----> 30% patient discount if paid within 60 days and 20% thereafter.

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South Lyon Medical Center

Shoppable Services Report - Table II (CMS-1717-F2)

Use CTRL-F to SEARCH

Shoppable Service	Primary Service and Ancillary Services	CPT Code <OR> HCPCS Code	Revenue Code	Standard Charge
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INPATIENT, OUTPATIENT, SWING BED or SKILLED NURSING FACILITY

3063540	IRON	83540	301	\$85.00
3069190	TOTAL IRON BINDING CAPACITY	83550	301	\$ 101.00
3069995	VENIPUNCTURE	36415	309	\$ 22.00

VENIPUNCTURE - a single minimal charge will be added to a group of multiple lab tests if a blood draw is necessary

Total of Standard Charges: \$ 208.00

Laboratory

Copays, deductibles and coinsurances are not factored into these charge amounts since each patient's insurance plan is unique.

Prompt Pay charge amount (70%)----->	\$ 145.60
Minimum negotiated charge amount (90%) ----->	\$ 187.20
Maximum negotiated charge amount (95%) ----->	\$ 197.60
Aetna - negotiated charge amount (94%) ----->	\$ 195.52
Anthem Blue Cross - negotiated charge amount (95%) ----->	\$ 197.60
Hometown Health - negotiated charge amount (93%) ----->	\$ 193.44
Cigna - negotiated charge amount (90%) ----->	\$ 187.20
All other insurances - non-negotiated charge amount (100%) ----->	\$ 208.00

South Lyon Medical Center -- PATIENT DISCOUNT PROGRAMS

For patients with insurance who have a patient balance after insurance has paid -----> 20% patient discount excluding copays.

For patients who do not have insurance coverage -----> 30% patient discount if paid within 60 days and 20% thereafter.

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South Lyon Medical Center

Shoppable Services Report - Table II (CMS-1717-F2)

Use CTRL-F to SEARCH

Shoppable Service	Primary Service and Ancillary Services	CPT Code <OR> HCPCS Code	Revenue Code	Standard Charge
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INPATIENT, OUTPATIENT, SWING BED or SKILLED NURSING FACILITY

3060330 CBC HEMOGRAM

3060330	CBC HEMOGRAM	85027	300	\$ 85.00
3069995	VENIPUNCTURE	36415	309	\$ 22.00

VENIPUNCTURE - a single minimal charge will be added to a group of multiple lab tests if a blood draw is necessary

Total of Standard Charges: \$ 107.00

Laboratory

Copays, deductibles and coinsurances are not factored into these charge amounts since each patient's insurance plan is unique.

Prompt Pay charge amount (70%)----->	\$ 74.90
Minimum negotiated charge amount (90%) ----->	\$ 96.30
Maximum negotiated charge amount (95%) ----->	\$ 101.65
Aetna - negotiated charge amount (94%) ----->	\$ 100.58
Anthem Blue Cross - negotiated charge amount (95%) ----->	\$101.65
Hometown Health - negotiated charge amount (93%) ----->	\$ 99.51
Cigna - negotiated charge amount (90%) ----->	\$ 96.30
All other insurances - non-negotiated charge amount (100%) ----->	\$ 107.00

South Lyon Medical Center -- PATIENT DISCOUNT PROGRAMS

For patients with insurance who have a patient balance after insurance has paid -----> 20% patient discount excluding copays.

For patients who do not have insurance coverage -----> 30% patient discount if paid within 60 days and 20% thereafter.

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South Lyon Medical Center

Shoppable Services Report - Table II (CMS-1717-F2)

Use CTRL-F to SEARCH

Shoppable Service	Primary Service and Ancillary Services	CPT Code <OR> HCPCS Code	Revenue Code	Standard Charge
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INPATIENT, OUTPATIENT, SWING BED or SKILLED NURSING FACILITY

3060529 PTH, INTACT

3060529	PTH, INTACT	8397090	306	\$ 410.00
3069995	VENIPUNCTURE	36415	309	\$ 22.00

VENIPUNCTURE - a single minimal charge will be added to a group of multiple lab tests if a blood draw is necessary

Total of Standard Charges: \$ 432.00

Laboratory

Copays, deductibles and coinsurances are not factored into these charge amounts since each patient's insurance plan is unique.

Prompt Pay charge amount (70%)----->	\$ 302.40
Minimum negotiated charge amount (90%) ----->	\$ 388.80
Maximum negotiated charge amount (95%) ----->	\$410.40
Aetna - negotiated charge amount (94%) ----->	\$ 406.08
Anthem Blue Cross - negotiated charge amount (95%) ----->	\$ 410.40
Hometown Health - negotiated charge amount (93%) ----->	\$ 401.76
Cigna - negotiated charge amount (90%) ----->	\$ 388.80
All other insurances - non-negotiated charge amount (100%) ----->	\$ 432.00

South Lyon Medical Center -- PATIENT DISCOUNT PROGRAMS

For patients with insurance who have a patient balance after insurance has paid -----> 20% patient discount excluding copays.

For patients who do not have insurance coverage -----> 30% patient discount if paid within 60 days and 20% thereafter.

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South Lyon Medical Center

Shoppable Services Report - Table II (CMS-1717-F2)

Use CTRL-F to SEARCH

Shoppable Service	Primary Service and Ancillary Services	CPT Code <OR> HCPCS Code	Revenue Code	Standard Charge
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INPATIENT, OUTPATIENT, SWING BED or SKILLED NURSING FACILITY

3060627 VITAMIN B1

3060627	VITAMIN B1	8442590	301	\$ 244.00
3069995	VENIPUNCTURE	36415	309	\$ 22.00

VENIPUNCTURE - a single minimal charge will be added to a group of multiple lab tests if a blood draw is necessary

Total of Standard Charges: \$ 266.00

Laboratory

Copays, deductibles and coinsurances are not factored into these charge amounts since each patient's insurance plan is unique.

Prompt Pay charge amount (70%)----->	\$ 186.20
Minimum negotiated charge amount (90%) ----->	\$ 239.40
Maximum negotiated charge amount (95%) ----->	\$ 252.70
Aetna - negotiated charge amount (94%) ----->	\$ 250.04
Anthem Blue Cross - negotiated charge amount (95%) ----->	\$ 252.70
Hometown Health - negotiated charge amount (93%) ----->	\$ 247.38
Cigna - negotiated charge amount (90%) ----->	\$ 239.40
All other insurances - non-negotiated charge amount (100%) ----->	\$ 266.00

South Lyon Medical Center -- PATIENT DISCOUNT PROGRAMS

For patients with insurance who have a patient balance after insurance has paid -----> 20% patient discount excluding copays.

For patients who do not have insurance coverage -----> 30% patient discount if paid within 60 days and 20% thereafter.

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South Lyon Medical Center

Shoppable Services Report - Table II (CMS-1717-F2)

Use CTRL-F to SEARCH

Shoppable Service	Primary Service and Ancillary Services	CPT Code <OR> HCPCS Code	Revenue Code	Standard Charge
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INPATIENT, OUTPATIENT, SWING BED or SKILLED NURSING FACILITY

3060671 VITAMIN B2

3060671	VITAMIN B2	8425290	301	\$ 308.00
3069995	VENIPUNCTURE	36415	309	\$ 22.00

VENIPUNCTURE - a single minimal charge will be added to a group of multiple lab tests if a blood draw is necessary

Total of Standard Charges: \$ 330.00

Laboratory

Copays, deductibles and coinsurances are not factored into these charge amounts since each patient's insurance plan is unique.

Prompt Pay charge amount (70%)----->	\$ 231.00
Minimum negotiated charge amount (90%) ----->	\$ 297.00
Maximum negotiated charge amount (95%) ----->	\$ 313.50
Aetna - negotiated charge amount (94%) ----->	\$ 310.20
Anthem Blue Cross - negotiated charge amount (95%) ----->	\$ 313.50
Hometown Health - negotiated charge amount (93%) ----->	\$ 306.90
Cigna - negotiated charge amount (90%) ----->	\$ 297.00
All other insurances - non-negotiated charge amount (100%) ----->	\$ 330.00

South Lyon Medical Center -- PATIENT DISCOUNT PROGRAMS

For patients with insurance who have a patient balance after insurance has paid -----> 20% patient discount excluding copays.

For patients who do not have insurance coverage -----> 30% patient discount if paid within 60 days and 20% thereafter.

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South Lyon Medical Center

Shoppable Services Report - Table II (CMS-1717-F2)

Use CTRL-F to SEARCH

Shoppable Service	Primary Service and Ancillary Services	CPT Code <OR> HCPCS Code	Revenue Code	Standard Charge
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INPATIENT, OUTPATIENT, SWING BED or SKILLED NURSING FACILITY

3060674 CARIAC PANEL

3063121	CPK	82550	301	\$ 78.00
3063131	CK-MB	82553	301	\$ 115.00
3068161	TROPONIN I	84484	301	\$ 147.00
3069995	VENIPUNCTURE	36415	309	\$ 22.00

VENIPUNCTURE - a single minimal charge will be added to a group of multiple lab tests if a blood draw is necessary

Total of Standard Charges: \$ 362.00

Laboratory

Copays, deductibles and coinsurances are not factored into these charge amounts since each patient's insurance plan is unique.

Prompt Pay charge amount (70%)----->	\$ 253.40
Minimum negotiated charge amount (90%) ----->	\$ 325.80
Maximum negotiated charge amount (95%) ----->	\$ 343.90
Aetna - negotiated charge amount (94%) ----->	\$ 340.28
Anthem Blue Cross - negotiated charge amount (95%) ----->	\$ 343.90
Hometown Health - negotiated charge amount (93%) ----->	\$ 336.66
Cigna - negotiated charge amount (90%) ----->	\$ 325.80
All other insurances - non-negotiated charge amount (100%) ----->	\$ 362.00

South Lyon Medical Center -- PATIENT DISCOUNT PROGRAMS

For patients with insurance who have a patient balance after insurance has paid -----> 20% patient discount excluding copays.

For patients who do not have insurance coverage -----> 30% patient discount if paid within 60 days and 20% thereafter.

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South Lyon Medical Center

Shoppable Services Report - Table II
(CMS-1717-F2)

Use CTRL-F to SEARCH

Shoppable Service	Primary Service and Ancillary Services	CPT Code <OR> HCPCS Code	Revenue Code	Standard Charge
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INPATIENT, OUTPATIENT, SWING BED or SKILLED NURSING FACILITY

3060681 H. PYLORI, BREATH

3060681	H. PYLORI, BREATH	8301390	301	\$ 462.00
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VENIPUNCTURE - a single minimal charge will be added to a group of multiple lab tests if a blood draw is necessary

Total of Standard Charges: \$ 462.00

Laboratory

Copays, deductibles and coinsurances are not factored into these charge amounts since each patient's insurance plan is unique.

Prompt Pay charge amount (70%)----->	\$ 323.40
Minimum negotiated charge amount (90%) ----->	\$ 415.80
Maximum negotiated charge amount (95%) ----->	\$ 438.90
Aetna - negotiated charge amount (94%) ----->	\$ 434.28
Anthem Blue Cross - negotiated charge amount (95%) ----->	\$ 438.90
Hometown Health - negotiated charge amount (93%) ----->	\$ 429.66
Cigna - negotiated charge amount (90%) ----->	\$ 415.80
All other insurances - non-negotiated charge amount (100%) ----->	\$ 462.00

South Lyon Medical Center -- PATIENT DISCOUNT PROGRAMS

For patients with insurance who have a patient balance after insurance has paid -----> 20% patient discount excluding copays.

For patients who do not have insurance coverage -----> 30% patient discount if paid within 60 days and 20% thereafter.

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South Lyon Medical Center

Shoppable Services Report - Table II (CMS-1717-F2)

Use CTRL-F to SEARCH

Shoppable Service	Primary Service and Ancillary Services	CPT Code <OR> HCPCS Code	Revenue Code	Standard Charge
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INPATIENT, OUTPATIENT, SWING BED or SKILLED NURSING FACILITY

3061001 *CBC W/AUTO DIFF

3061001	*CBC W/AUTO DIFF	85025	305	\$ 134.00
3069995	VENIPUNCTURE	36415	309	\$ 22.00

VENIPUNCTURE - a single minimal charge will be added to a group of multiple lab tests if a blood draw is necessary

Total of Standard Charges: \$ 156.00

CMS-Specified Shoppable Service

Laboratory

Copays, deductibles and coinsurances are not factored into these charge amounts since each patient's insurance plan is unique.

Prompt Pay charge amount (70%)----->	\$ 109.20
Minimum negotiated charge amount (90%) ----->	\$ 140.40
Maximum negotiated charge amount (95%) ----->	\$ 148.20
Aetna - negotiated charge amount (94%) ----->	\$ 146.64
Anthem Blue Cross - negotiated charge amount (95%) ----->	\$ 148.20
Hometown Health - negotiated charge amount (93%) ----->	\$ 145.08
Cigna - negotiated charge amount (90%) ----->	\$ 140.40
All other insurances - non-negotiated charge amount (100%) ----->	\$ 156.00

South Lyon Medical Center -- PATIENT DISCOUNT PROGRAMS

For patients with insurance who have a patient balance after insurance has paid -----> 20% patient discount excluding copays.

For patients who do not have insurance coverage -----> 30% patient discount if paid within 60 days and 20% thereafter.

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South Lyon Medical Center

Shoppable Services Report - Table II (CMS-1717-F2)

Use CTRL-F to SEARCH

Shoppable Service	Primary Service and Ancillary Services	CPT Code <OR> HCPCS Code	Revenue Code	Standard Charge
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INPATIENT, OUTPATIENT, SWING BED or SKILLED NURSING FACILITY

3061003 *UA AUTOMATED W/O MICRO

3061003	*UA AUTOMATED W/O MICRO	81003	307	\$ 40.00
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VENIPUNCTURE - a single minimal charge will be added to a group of multiple lab tests if a blood draw is necessary

Total of Standard Charges: \$ 40.00

CMS-Specified Shoppable Service

Laboratory

Copays, deductibles and coinsurances are not factored into these charge amounts since each patient's insurance plan is unique.

Prompt Pay charge amount (70%)----->	\$ 28.00
Minimum negotiated charge amount (90%) ----->	\$ 36.00
Maximum negotiated charge amount (95%) ----->	\$ 38.00
Aetna - negotiated charge amount (94%) ----->	\$ 37.60
Anthem Blue Cross - negotiated charge amount (95%) ----->	\$ 38.00
Hometown Health - negotiated charge amount (93%) ----->	\$ 37.20
Cigna - negotiated charge amount (90%) ----->	\$ 36.00
All other insurances - non-negotiated charge amount (100%) ----->	\$ 40.00

South Lyon Medical Center -- PATIENT DISCOUNT PROGRAMS

For patients with insurance who have a patient balance after insurance has paid -----> 20% patient discount excluding copays.

For patients who do not have insurance coverage -----> 30% patient discount if paid within 60 days and 20% thereafter.

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South Lyon Medical Center

Shoppable Services Report - Table II (CMS-1717-F2)

Use CTRL-F to SEARCH

Shoppable Service	Primary Service and Ancillary Services	CPT Code <OR> HCPCS Code	Revenue Code	Standard Charge
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INPATIENT, OUTPATIENT, SWING BED or SKILLED NURSING FACILITY

3061091 PROTOME + INR

3061091	PROTOME + INR	85610	305	\$ 69.00
3069995	VENIPUNCTURE	36415	309	\$ 22.00

VENIPUNCTURE - a single minimal charge will be added to a group of multiple lab tests if a blood draw is necessary

Total of Standard Charges: \$ 91.00

CMS-Specified Shoppable Service

Laboratory

Copays, deductibles and coinsurances are not factored into these charge amounts since each patient's insurance plan is unique.

Prompt Pay charge amount (70%)----->	\$ 63.70
Minimum negotiated charge amount (90%) ----->	\$ 81.90
Maximum negotiated charge amount (95%) ----->	\$ 86.45
Aetna - negotiated charge amount (94%) ----->	\$ 85.54
Anthem Blue Cross - negotiated charge amount (95%) ----->	\$86.45
Hometown Health - negotiated charge amount (93%) ----->	\$ 84.63
Cigna - negotiated charge amount (90%) ----->	\$ 81.90
All other insurances - non-negotiated charge amount (100%) ----->	\$ 91.00

South Lyon Medical Center -- PATIENT DISCOUNT PROGRAMS

For patients with insurance who have a patient balance after insurance has paid -----> 20% patient discount excluding copays.

For patients who do not have insurance coverage -----> 30% patient discount if paid within 60 days and 20% thereafter.

South Lyon Medical Center offers financial assistance based upon income level to uninsured and underinsured patients.

NOTE: For all shoppable services additional charges are possible based on the circumstances of each hospital/clinic visit

South Lyon Medical Center

Shoppable Services Report - Table II (CMS-1717-F2)

Use CTRL-F to SEARCH

Shoppable Service	Primary Service and Ancillary Services	CPT Code <OR> HCPCS Code	Revenue Code	Standard Charge
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INPATIENT, OUTPATIENT, SWING BED or SKILLED NURSING FACILITY

3061101 PTT

3061101	PTT	85730	305	\$ 75.00
3069995	VENIPUNCTURE	36415	309	\$ 22.00

VENIPUNCTURE - a single minimal charge will be added to a group of multiple lab tests if a blood draw is necessary

Total of Standard Charges: \$ 99.00

CMS-Specified Shoppable Service

Laboratory

Copays, deductibles and coinsurances are not factored into these charge amounts since each patient's insurance plan is unique.

Prompt Pay charge amount (70%)----->	\$ 69.30
Minimum negotiated charge amount (90%) ----->	\$ 89.10
Maximum negotiated charge amount (95%) ----->	\$ 94.05
Aetna - negotiated charge amount (94%) ----->	\$ 93.06
Anthem Blue Cross - negotiated charge amount (95%) ----->	\$94.05
Hometown Health - negotiated charge amount (93%) ----->	\$ 92.07
Cigna - negotiated charge amount (90%) ----->	\$ 89.10
All other insurances - non-negotiated charge amount (100%) ----->	\$ 99.00

South Lyon Medical Center -- PATIENT DISCOUNT PROGRAMS

For patients with insurance who have a patient balance after insurance has paid -----> 20% patient discount excluding copays.

For patients who do not have insurance coverage -----> 30% patient discount if paid within 60 days and 20% thereafter.

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NOTE: For all shoppable services additional charges are possible based on the circumstances of each hospital/clinic visit

South Lyon Medical Center

Shoppable Services Report - Table II
(CMS-1717-F2)

Use CTRL-F to SEARCH

Shoppable Service	Primary Service and Ancillary Services	CPT Code <OR> HCPCS Code	Revenue Code	Standard Charge
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INPATIENT, OUTPATIENT, SWING BED or SKILLED NURSING FACILITY

3061195 VITAMIN A

3061195	VITAMIN A	8459090	301	\$ 162.00
3069995	VENIPUNCTURE	36415	309	\$ 22.00

VENIPUNCTURE - a single minimal charge will be added to a group of multiple lab tests if a blood draw is necessary

Total of Standard Charges: \$ 184.00

Laboratory

Copays, deductibles and coinsurances are not factored into these charge amounts since each patient's insurance plan is unique.

Prompt Pay charge amount (70%)----->	\$ 128.80
Minimum negotiated charge amount (90%) ----->	\$ 165.60
Maximum negotiated charge amount (95%) ----->	\$ 174.80
Aetna - negotiated charge amount (94%) ----->	\$ 172.96
Anthem Blue Cross - negotiated charge amount (95%) ----->	\$ 174.80
Hometown Health - negotiated charge amount (93%) ----->	\$ 171.12
Cigna - negotiated charge amount (90%) ----->	\$ 165.60
All other insurances - non-negotiated charge amount (100%) ----->	\$ 184.00

South Lyon Medical Center -- PATIENT DISCOUNT PROGRAMS

For patients with insurance who have a patient balance after insurance has paid -----> 20% patient discount excluding copays.

For patients who do not have insurance coverage -----> 30% patient discount if paid within 60 days and 20% thereafter.

South Lyon Medical Center offers financial assistance based upon income level to uninsured and underinsured patients.

NOTE: For all shoppable services additional charges are possible based on the circumstances of each hospital/clinic visit

South Lyon Medical Center

Shoppable Services Report - Table II
(CMS-1717-F2)

Use CTRL-F to SEARCH

Shoppable Service	Primary Service and Ancillary Services	CPT Code <OR> HCPCS Code	Revenue Code	Standard Charge
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INPATIENT, OUTPATIENT, SWING BED or SKILLED NURSING FACILITY

3062002 HCG QUAL URINE (IN HOUSE)

3062002	HCG QUAL URINE (IN HOUSE)	81025	307	\$ 34.00
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VENIPUNCTURE - a single minimal charge will be added to a group of multiple lab tests if a blood draw is necessary

Total of Standard Charges: \$ 34.00

Laboratory

Copays, deductibles and coinsurances are not factored into these charge amounts since each patient's insurance plan is unique.

Prompt Pay charge amount (70%)----->	\$ 23.80
Minimum negotiated charge amount (90%) ----->	\$ 30.60
Maximum negotiated charge amount (95%) ----->	\$ 32.30
Aetna - negotiated charge amount (94%) ----->	\$ 31.96
Anthem Blue Cross - negotiated charge amount (95%) ----->	\$ 32.30
Hometown Health - negotiated charge amount (93%) ----->	\$ 32.30
Cigna - negotiated charge amount (90%) ----->	\$ 30.60
All other insurances - non-negotiated charge amount (100%) ----->	\$ 34.00

South Lyon Medical Center -- PATIENT DISCOUNT PROGRAMS

For patients with insurance who have a patient balance after insurance has paid -----> 20% patient discount excluding copays.

For patients who do not have insurance coverage -----> 30% patient discount if paid within 60 days and 20% thereafter.

South Lyon Medical Center offers financial assistance based upon income level to uninsured and underinsured patients.

NOTE: For all shoppable services additional charges are possible based on the circumstances of each hospital/clinic visit

South Lyon Medical Center

Shoppable Services Report - Table II
(CMS-1717-F2)

Use CTRL-F to SEARCH

Shoppable Service	Primary Service and Ancillary Services	CPT Code <OR> HCPCS Code	Revenue Code	Standard Charge
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INPATIENT, OUTPATIENT, SWING BED or SKILLED NURSING FACILITY

3062011 *UA W/ MICRO

3062011	*UA W/ MICRO	81001	307	\$ 40.00
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VENIPUNCTURE - a single minimal charge will be added to a group of multiple lab tests if a blood draw is necessary

Total of Standard Charges: \$ 40.00

CMS-Specified Shoppable Service

Laboratory

Copays, deductibles and coinsurances are not factored into these charge amounts since each patient's insurance plan is unique.

Prompt Pay charge amount (70%)----->	\$ 28.00
Minimum negotiated charge amount (90%) ----->	\$ 36.00
Maximum negotiated charge amount (95%) ----->	\$ 38.00
Aetna - negotiated charge amount (94%) ----->	\$ 37.60
Anthem Blue Cross - negotiated charge amount (95%) ----->	\$ 38.00
Hometown Health - negotiated charge amount (93%) ----->	\$ 37.20
Cigna - negotiated charge amount (90%) ----->	\$ 36.00
All other insurances - non-negotiated charge amount (100%) ----->	\$ 40.00

South Lyon Medical Center -- PATIENT DISCOUNT PROGRAMS

For patients with insurance who have a patient balance after insurance has paid -----> 20% patient discount excluding copays.

For patients who do not have insurance coverage -----> 30% patient discount if paid within 60 days and 20% thereafter.

South Lyon Medical Center offers financial assistance based upon income level to uninsured and underinsured patients.

NOTE: For all shoppable services additional charges are possible based on the circumstances of each hospital/clinic visit

South Lyon Medical Center

Shoppable Services Report - Table II (CMS-1717-F2)

Use CTRL-F to SEARCH

Shoppable Service	Primary Service and Ancillary Services	CPT Code <OR> HCPCS Code	Revenue Code	Standard Charge
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INPATIENT, OUTPATIENT, SWING BED or SKILLED NURSING FACILITY

3062306 VITAMIN D 25 HYDROXY

3062306	VITAMIN D 25 HYDROXY	8230690	301	\$ 343.00
3069995	VENIPUNCTURE	36415	309	\$ 22.00

VENIPUNCTURE - a single minimal charge will be added to a group of multiple lab tests if a blood draw is necessary

Total of Standard Charges: \$ 365.00

Laboratory

Copays, deductibles and coinsurances are not factored into these charge amounts since each patient's insurance plan is unique.

Prompt Pay charge amount (70%)----->	\$ 255.50
Minimum negotiated charge amount (90%) ----->	\$ 328.50
Maximum negotiated charge amount (95%) ----->	\$ 346.75
Aetna - negotiated charge amount (94%) ----->	\$ 343.10
Anthem Blue Cross - negotiated charge amount (95%) ----->	\$ 346.75
Hometown Health - negotiated charge amount (93%) ----->	\$ 339.45
Cigna - negotiated charge amount (90%) ----->	\$ 328.50
All other insurances - non-negotiated charge amount (100%) ----->	\$ 365.00

South Lyon Medical Center -- PATIENT DISCOUNT PROGRAMS

For patients with insurance who have a patient balance after insurance has paid -----> 20% patient discount excluding copays.

For patients who do not have insurance coverage -----> 30% patient discount if paid within 60 days and 20% thereafter.

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NOTE: For all shoppable services additional charges are possible based on the circumstances of each hospital/clinic visit

South Lyon Medical Center

Shoppable Services Report - Table II (CMS-1717-F2)

Use CTRL-F to SEARCH

Shoppable Service	Primary Service and Ancillary Services	CPT Code <OR> HCPCS Code	Revenue Code	Standard Charge
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INPATIENT, OUTPATIENT, SWING BED or SKILLED NURSING FACILITY

3063301 URIC ACID

3063301	URIC ACID	84550	301	\$ 55.00
3069995	VENIPUNCTURE	36415	309	\$ 22.00

VENIPUNCTURE - a single minimal charge will be added to a group of multiple lab tests if a blood draw is necessary

Total of Standard Charges: \$ 77.00

Laboratory

Copays, deductibles and coinsurances are not factored into these charge amounts since each patient's insurance plan is unique.

Prompt Pay charge amount (70%)----->	\$ 53.90
Minimum negotiated charge amount (90%) ----->	\$ 69.30
Maximum negotiated charge amount (95%) ----->	\$ 73.15
Aetna - negotiated charge amount (94%) ----->	\$ 72.38
Anthem Blue Cross - negotiated charge amount (95%) ----->	\$ 73.15
Hometown Health - negotiated charge amount (93%) ----->	\$ 71.61
Cigna - negotiated charge amount (90%) ----->	\$ 69.30
All other insurances - non-negotiated charge amount (100%) ----->	\$ 77.00

South Lyon Medical Center -- PATIENT DISCOUNT PROGRAMS

For patients with insurance who have a patient balance after insurance has paid -----> 20% patient discount excluding copays.

For patients who do not have insurance coverage -----> 30% patient discount if paid within 60 days and 20% thereafter.

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NOTE: For all shoppable services additional charges are possible based on the circumstances of each hospital/clinic visit

South Lyon Medical Center

Shoppable Services Report - Table II (CMS-1717-F2)

Use CTRL-F to SEARCH

Shoppable Service	Primary Service and Ancillary Services	CPT Code <OR> HCPCS Code	Revenue Code	Standard Charge
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INPATIENT, OUTPATIENT, SWING BED or SKILLED NURSING FACILITY

3063341 PSA SCREENING

3063341	PSA SCREENING	G0103	301	\$ 143.00
VENIPUNCTURE - a single minimal charge will be added to a group of multiple lab tests if a blood draw is necessary				
Total of Standard Charges:				\$ 143.00

Laboratory

Copays, deductibles and coinsurances are not factored into these charge amounts since each patient's insurance plan is unique.

Prompt Pay charge amount (70%)----->	\$ 100.10
Minimum negotiated charge amount (90%) ----->	\$ 128.70
Maximum negotiated charge amount (95%) ----->	\$ 135.85
Aetna - negotiated charge amount (94%) ----->	\$ 134.42
Anthem Blue Cross - negotiated charge amount (95%) ----->	\$ 135.85
Hometown Health - negotiated charge amount (93%) ----->	\$ 132.99
Cigna - negotiated charge amount (90%) ----->	\$ 128.70
All other insurances - non-negotiated charge amount (100%) ----->	\$ 143.00

South Lyon Medical Center -- PATIENT DISCOUNT PROGRAMS

For patients with insurance who have a patient balance after insurance has paid -----> 20% patient discount excluding copays.

For patients who do not have insurance coverage -----> 30% patient discount if paid within 60 days and 20% thereafter.

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NOTE: For all shoppable services additional charges are possible based on the circumstances of each hospital/clinic visit

South Lyon Medical Center

Shoppable Services Report - Table II (CMS-1717-F2)

Use CTRL-F to SEARCH

Shoppable Service	Primary Service and Ancillary Services	CPT Code <OR> HCPCS Code	Revenue Code	Standard Charge
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INPATIENT, OUTPATIENT, SWING BED or SKILLED NURSING FACILITY

3063371 TSH

3063371	TSH	84443	301	\$ 157.00
3069995	VENIPUNCTURE	36415	309	\$ 22.00

VENIPUNCTURE - a single minimal charge will be added to a group of multiple lab tests if a blood draw is necessary

Total of Standard Charges: \$ 179.00

CMS-Specified Shoppable Service

Laboratory

Copays, deductibles and coinsurances are not factored into these charge amounts since each patient's insurance plan is unique.

Prompt Pay charge amount (70%)----->	\$ 125.30
Minimum negotiated charge amount (90%) ----->	\$ 161.10
Maximum negotiated charge amount (95%) ----->	\$ 170.05
Aetna - negotiated charge amount (94%) ----->	\$ 168.26
Anthem Blue Cross - negotiated charge amount (95%) ----->	\$ 170.05
Hometown Health - negotiated charge amount (93%) ----->	\$ 166.47
Cigna - negotiated charge amount (90%) ----->	\$ 161.10
All other insurances - non-negotiated charge amount (100%) ----->	\$ 179.00

South Lyon Medical Center -- PATIENT DISCOUNT PROGRAMS

For patients with insurance who have a patient balance after insurance has paid -----> 20% patient discount excluding copays.

For patients who do not have insurance coverage -----> 30% patient discount if paid within 60 days and 20% thereafter.

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NOTE: For all shoppable services additional charges are possible based on the circumstances of each hospital/clinic visit

South Lyon Medical Center

Shoppable Services Report - Table II (CMS-1717-F2)

Use CTRL-F to SEARCH

Shoppable Service	Primary Service and Ancillary Services	CPT Code <OR> HCPCS Code	Revenue Code	Standard Charge
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INPATIENT, OUTPATIENT, SWING BED or SKILLED NURSING FACILITY

3063391 FREE T4

3063391	FREE T4	84439	301	\$ 150.00
3069995	VENIPUNCTURE	36415	309	\$ 22.00

VENIPUNCTURE - a single minimal charge will be added to a group of multiple lab tests if a blood draw is necessary

Total of Standard Charges: \$ 172.00

Laboratory

Copays, deductibles and coinsurances are not factored into these charge amounts since each patient's insurance plan is unique.

Prompt Pay charge amount (70%)----->	\$ 120.40
Minimum negotiated charge amount (90%) ----->	\$ 154.80
Maximum negotiated charge amount (95%) ----->	\$ 163.40
Aetna - negotiated charge amount (94%) ----->	\$ 161.68
Anthem Blue Cross - negotiated charge amount (95%) ----->	\$ 163.40
Hometown Health - negotiated charge amount (93%) ----->	\$ 159.96
Cigna - negotiated charge amount (90%) ----->	\$ 154.80
All other insurances - non-negotiated charge amount (100%) ----->	\$ 172.00

South Lyon Medical Center -- PATIENT DISCOUNT PROGRAMS

For patients with insurance who have a patient balance after insurance has paid -----> 20% patient discount excluding copays.

For patients who do not have insurance coverage -----> 30% patient discount if paid within 60 days and 20% thereafter.

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NOTE: For all shoppable services additional charges are possible based on the circumstances of each hospital/clinic visit

South Lyon Medical Center

Shoppable Services Report - Table II (CMS-1717-F2)

Use CTRL-F to SEARCH

Shoppable Service	Primary Service and Ancillary Services	CPT Code <OR> HCPCS Code	Revenue Code	Standard Charge
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INPATIENT, OUTPATIENT, SWING BED or SKILLED NURSING FACILITY

3063401 HgB A1C

3063401	HgB A1C	83036	301	\$ 69.00
3069995	VENIPUNCTURE	36415	309	\$ 22.00

VENIPUNCTURE - a single minimal charge will be added to a group of multiple lab tests if a blood draw is necessary

Total of Standard Charges: \$ 91.00

Laboratory

Copays, deductibles and coinsurances are not factored into these charge amounts since each patient's insurance plan is unique.

Prompt Pay charge amount (70%)----->	\$ 63.70
Minimum negotiated charge amount (90%) ----->	\$ 81.90
Maximum negotiated charge amount (95%) ----->	\$ 86.45
Aetna - negotiated charge amount (94%) ----->	\$ 85.54
Anthem Blue Cross - negotiated charge amount (95%) ----->	\$ 86.45
Hometown Health - negotiated charge amount (93%) ----->	\$ 84.63
Cigna - negotiated charge amount (90%) ----->	\$ 81.90
All other insurances - non-negotiated charge amount (100%) ----->	\$ 91.00

South Lyon Medical Center -- PATIENT DISCOUNT PROGRAMS

For patients with insurance who have a patient balance after insurance has paid -----> 20% patient discount excluding copays.

For patients who do not have insurance coverage -----> 30% patient discount if paid within 60 days and 20% thereafter.

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NOTE: For all shoppable services additional charges are possible based on the circumstances of each hospital/clinic visit

South Lyon Medical Center

Shoppable Services Report - Table II (CMS-1717-F2)

Use CTRL-F to SEARCH

Shoppable Service	Primary Service and Ancillary Services	CPT Code <OR> HCPCS Code	Revenue Code	Standard Charge
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INPATIENT, OUTPATIENT, SWING BED or SKILLED NURSING FACILITY

3063880 B TYPE NATRIURETIC PEPTIDE (BNP)

3063880	B TYPE NATRIURETIC PEPTIDE (BNP)	83880	300	\$ 216.00
3069995	VENIPUNCTURE	36415	309	\$ 22.00

VENIPUNCTURE - a single minimal charge will be added to a group of multiple lab tests if a blood draw is necessary

Total of Standard Charges: \$ 238.00

Laboratory

Copays, deductibles and coinsurances are not factored into these charge amounts since each patient's insurance plan is unique.

Prompt Pay charge amount (70%)----->	\$ 166.60
Minimum negotiated charge amount (90%) ----->	\$ 214.20
Maximum negotiated charge amount (95%) ----->	\$ 226.10
Aetna - negotiated charge amount (94%) ----->	\$ 223.72
Anthem Blue Cross - negotiated charge amount (95%) ----->	\$ 226.10
Hometown Health - negotiated charge amount (93%) ----->	\$ 221.34
Cigna - negotiated charge amount (90%) ----->	\$ 214.20
All other insurances - non-negotiated charge amount (100%) ----->	\$ 238.00

South Lyon Medical Center -- PATIENT DISCOUNT PROGRAMS

For patients with insurance who have a patient balance after insurance has paid -----> 20% patient discount excluding copays.
 For patients who do not have insurance coverage -----> 30% patient discount if paid within 60 days and 20% thereafter.

South Lyon Medical Center offers financial assistance based upon income level to uninsured and underinsured patients.

NOTE: For all shoppable services additional charges are possible based on the circumstances of each hospital/clinic visit

South Lyon Medical Center

Shoppable Services Report - Table II (CMS-1717-F2)

Use CTRL-F to SEARCH

Shoppable Service	Primary Service and Ancillary Services	CPT Code <OR> HCPCS Code	Revenue Code	Standard Charge
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INPATIENT, OUTPATIENT, SWING BED or SKILLED NURSING FACILITY

3064041 CULTURE URINE

3064041	CULTURE URINE	87086	306	\$ 116.00
3064052	CULTURE ID URINE	87088	306	\$ 79.00
3064062	SENSITIVITY ANY SOURCE	87186	306	\$ 104.00

VENIPUNCTURE - a single minimal charge will be added to a group of multiple lab tests if a blood draw is necessary

Total of Standard Charges: \$ 299.00

Laboratory

Copays, deductibles and coinsurances are not factored into these charge amounts since each patient's insurance plan is unique.

Prompt Pay charge amount (70%)----->	\$ 209.30
Minimum negotiated charge amount (90%) ----->	\$ 269.10
Maximum negotiated charge amount (95%) ----->	\$ 284.05
Aetna - negotiated charge amount (94%) ----->	\$ 281.06
Anthem Blue Cross - negotiated charge amount (95%) ----->	\$ 284.05
Hometown Health - negotiated charge amount (93%) ----->	\$ 278.07
Cigna - negotiated charge amount (90%) ----->	\$ 269.10
All other insurances - non-negotiated charge amount (100%) ----->	\$ 299.00

South Lyon Medical Center -- PATIENT DISCOUNT PROGRAMS

For patients with insurance who have a patient balance after insurance has paid -----> 20% patient discount excluding copays.

For patients who do not have insurance coverage -----> 30% patient discount if paid within 60 days and 20% thereafter.

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South Lyon Medical Center

Shoppable Services Report - Table II (CMS-1717-F2)

Use CTRL-F to SEARCH

Shoppable Service	Primary Service and Ancillary Services	CPT Code <OR> HCPCS Code	Revenue Code	Standard Charge
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INPATIENT, OUTPATIENT, SWING BED or SKILLED NURSING FACILITY

3064436 T4 TOTAL

3064436	T4 TOTAL	84436	301	\$ 72.00
3069995	VENIPUNCTURE	36415	309	\$ 22.00

VENIPUNCTURE - a single minimal charge will be added to a group of multiple lab tests if a blood draw is necessary

Total of Standard Charges: \$ 94.00

Laboratory

Copays, deductibles and coinsurances are not factored into these charge amounts since each patient's insurance plan is unique.

Prompt Pay charge amount (70%)----->	\$ 65.80
Minimum negotiated charge amount (90%) ----->	\$ 84.60
Maximum negotiated charge amount (95%) ----->	\$ 89.30
Aetna - negotiated charge amount (94%) ----->	\$ 88.36
Anthem Blue Cross - negotiated charge amount (95%) ----->	\$ 89.30
Hometown Health - negotiated charge amount (93%) ----->	\$ 87.42
Cigna - negotiated charge amount (90%) ----->	\$ 84.60
All other insurances - non-negotiated charge amount (100%) ----->	\$ 94.00

South Lyon Medical Center -- PATIENT DISCOUNT PROGRAMS

For patients with insurance who have a patient balance after insurance has paid -----> 20% patient discount excluding copays.

For patients who do not have insurance coverage -----> 30% patient discount if paid within 60 days and 20% thereafter.

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NOTE: For all shoppable services additional charges are possible based on the circumstances of each hospital/clinic visit

South Lyon Medical Center

Shoppable Services Report - Table II (CMS-1717-F2)

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Shoppable Service	Primary Service and Ancillary Services	CPT Code <OR> HCPCS Code	Revenue Code	Standard Charge
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INPATIENT, OUTPATIENT, SWING BED or SKILLED NURSING FACILITY

3064479 T3 UPTAKE

3064479	T3 UPTAKE	84479	305	\$ 90.00
3069995	VENIPUNCTURE	36415	309	\$ 22.00

VENIPUNCTURE - a single minimal charge will be added to a group of multiple lab tests if a blood draw is necessary

Total of Standard Charges: \$ 112.00

Laboratory

Copays, deductibles and coinsurances are not factored into these charge amounts since each patient's insurance plan is unique.

Prompt Pay charge amount (70%)----->	\$ 78.40
Minimum negotiated charge amount (90%) ----->	\$ 100.80
Maximum negotiated charge amount (95%) ----->	\$ 106.40
Aetna - negotiated charge amount (94%) ----->	\$ 105.28
Anthem Blue Cross - negotiated charge amount (95%) ----->	\$ 106.40
Hometown Health - negotiated charge amount (93%) ----->	\$ 104.16
Cigna - negotiated charge amount (90%) ----->	\$ 100.80
All other insurances - non-negotiated charge amount (100%) ----->	\$ 112.00

South Lyon Medical Center -- PATIENT DISCOUNT PROGRAMS

For patients with insurance who have a patient balance after insurance has paid -----> 20% patient discount excluding copays.

For patients who do not have insurance coverage -----> 30% patient discount if paid within 60 days and 20% thereafter.

South Lyon Medical Center offers financial assistance based upon income level to uninsured and underinsured patients.

NOTE: For all shoppable services additional charges are possible based on the circumstances of each hospital/clinic visit

South Lyon Medical Center

Shoppable Services Report - Table II (CMS-1717-F2)

Use CTRL-F to SEARCH

Shoppable Service	Primary Service and Ancillary Services	CPT Code <OR> HCPCS Code	Revenue Code	Standard Charge
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INPATIENT, OUTPATIENT, SWING BED or SKILLED NURSING FACILITY

3064481 FREE T3

3064481	FREE T3	8448190	302	\$ 223.00
3069995	VENIPUNCTURE	36415	309	\$ 22.00

VENIPUNCTURE - a single minimal charge will be added to a group of multiple lab tests if a blood draw is necessary

Total of Standard Charges: \$ 245.00

Laboratory

Copays, deductibles and coinsurances are not factored into these charge amounts since each patient's insurance plan is unique.

Prompt Pay charge amount (70%)----->	\$ 171.50
Minimum negotiated charge amount (90%) ----->	\$ 220.50
Maximum negotiated charge amount (95%) ----->	\$ 232.75
Aetna - negotiated charge amount (94%) ----->	\$ 230.30
Anthem Blue Cross - negotiated charge amount (95%) ----->	\$ 232.75
Hometown Health - negotiated charge amount (93%) ----->	\$ 227.85
Cigna - negotiated charge amount (90%) ----->	\$ 220.50
All other insurances - non-negotiated charge amount (100%) ----->	\$ 245.00

South Lyon Medical Center -- PATIENT DISCOUNT PROGRAMS

For patients with insurance who have a patient balance after insurance has paid -----> 20% patient discount excluding copays.

For patients who do not have insurance coverage -----> 30% patient discount if paid within 60 days and 20% thereafter.

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NOTE: For all shoppable services additional charges are possible based on the circumstances of each hospital/clinic visit

South Lyon Medical Center

Shoppable Services Report - Table II (CMS-1717-F2)

Use CTRL-F to SEARCH

Shoppable Service	Primary Service and Ancillary Services	CPT Code <OR> HCPCS Code	Revenue Code	Standard Charge
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INPATIENT, OUTPATIENT, SWING BED or SKILLED NURSING FACILITY

3065001 HCG QUAL SERUM (IN HOUSE)

3065001	HCG QUAL SERUM (IN HOUSE)	84703	301	\$ 171.00
3069995	VENIPUNCTURE	36415	309	\$ 22.00

VENIPUNCTURE - a single minimal charge will be added to a group of multiple lab tests if a blood draw is necessary

Total of Standard Charges: \$ 193.00

Laboratory

Copays, deductibles and coinsurances are not factored into these charge amounts since each patient's insurance plan is unique.

Prompt Pay charge amount (70%)----->	\$ 135.10
Minimum negotiated charge amount (90%) ----->	\$ 173.70
Maximum negotiated charge amount (95%) ----->	\$ 185.35
Aetna - negotiated charge amount (94%) ----->	\$ 181.42
Anthem Blue Cross - negotiated charge amount (95%) ----->	\$ 185.35
Hometown Health - negotiated charge amount (93%) ----->	\$ 179.49
Cigna - negotiated charge amount (90%) ----->	\$ 173.70
All other insurances - non-negotiated charge amount (100%) ----->	\$ 193.00

South Lyon Medical Center -- PATIENT DISCOUNT PROGRAMS

For patients with insurance who have a patient balance after insurance has paid -----> 20% patient discount excluding copays.

For patients who do not have insurance coverage -----> 30% patient discount if paid within 60 days and 20% thereafter.

South Lyon Medical Center offers financial assistance based upon income level to uninsured and underinsured patients.

NOTE: For all shoppable services additional charges are possible based on the circumstances of each hospital/clinic visit

South Lyon Medical Center

Shoppable Services Report - Table II (CMS-1717-F2)

Use CTRL-F to SEARCH

Shoppable Service	Primary Service and Ancillary Services	CPT Code <OR> HCPCS Code	Revenue Code	Standard Charge
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INPATIENT, OUTPATIENT, SWING BED or SKILLED NURSING FACILITY

3065379 D-DIMER QUANTITATIVE

3065379	D-DIMER QUANTITATIVE	85379	305	\$ 185.00
3069995	VENIPUNCTURE	36415	309	\$ 22.00

VENIPUNCTURE - a single minimal charge will be added to a group of multiple lab tests if a blood draw is necessary

Total of Standard Charges: \$ 207.00

Laboratory

Copays, deductibles and coinsurances are not factored into these charge amounts since each patient's insurance plan is unique.

Prompt Pay charge amount (70%)----->	\$ 144.90
Minimum negotiated charge amount (90%) ----->	\$ 186.30
Maximum negotiated charge amount (95%) ----->	\$ 196.65
Aetna - negotiated charge amount (94%) ----->	\$ 194.58
Anthem Blue Cross - negotiated charge amount (95%) ----->	\$ 196.65
Hometown Health - negotiated charge amount (93%) ----->	\$ 192.51
Cigna - negotiated charge amount (90%) ----->	\$ 186.30
All other insurances - non-negotiated charge amount (100%) ----->	\$ 207.00

South Lyon Medical Center -- PATIENT DISCOUNT PROGRAMS

For patients with insurance who have a patient balance after insurance has paid -----> 20% patient discount excluding copays.

For patients who do not have insurance coverage -----> 30% patient discount if paid within 60 days and 20% thereafter.

South Lyon Medical Center offers financial assistance based upon income level to uninsured and underinsured patients.

NOTE: For all shoppable services additional charges are possible based on the circumstances of each hospital/clinic visit

South Lyon Medical Center

Shoppable Services Report - Table II (CMS-1717-F2)

Use CTRL-F to SEARCH

Shoppable Service	Primary Service and Ancillary Services	CPT Code <OR> HCPCS Code	Revenue Code	Standard Charge
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INPATIENT, OUTPATIENT, SWING BED or SKILLED NURSING FACILITY

3066480 QUANTIFERON TB TEST

3066480	QUANTIFERON TB TEST	8648090	301	\$ 287.00
3069995	VENIPUNCTURE	36415	309	\$ 22.00

VENIPUNCTURE - a single minimal charge will be added to a group of multiple lab tests if a blood draw is necessary

Total of Standard Charges: \$ 309.00

Laboratory

Copays, deductibles and coinsurances are not factored into these charge amounts since each patient's insurance plan is unique.

Prompt Pay charge amount (70%)----->	\$ 216.30
Minimum negotiated charge amount (90%) ----->	\$ 278.10
Maximum negotiated charge amount (95%) ----->	\$ 293.55
Aetna - negotiated charge amount (94%) ----->	\$ 290.46
Anthem Blue Cross - negotiated charge amount (95%) ----->	\$ 293.55
Hometown Health - negotiated charge amount (93%) ----->	\$ 287.37
Cigna - negotiated charge amount (90%) ----->	\$ 278.10
All other insurances - non-negotiated charge amount (100%) ----->	\$ 309.00

South Lyon Medical Center -- PATIENT DISCOUNT PROGRAMS

For patients with insurance who have a patient balance after insurance has paid -----> 20% patient discount excluding copays.

For patients who do not have insurance coverage -----> 30% patient discount if paid within 60 days and 20% thereafter.

South Lyon Medical Center offers financial assistance based upon income level to uninsured and underinsured patients.

NOTE: For all shoppable services additional charges are possible based on the circumstances of each hospital/clinic visit

South Lyon Medical Center

Shoppable Services Report - Table II
(CMS-1717-F2)

Use CTRL-F to SEARCH

Shoppable Service	Primary Service and Ancillary Services	CPT Code <OR> HCPCS Code	Revenue Code	Standard Charge
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INPATIENT, OUTPATIENT, SWING BED or SKILLED NURSING FACILITY

3066710 INFLUENZA A&B (RAPID)

3066710	INFLUENZA A&B (RAPID)	87400	306	\$ 110.00
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VENIPUNCTURE - a single minimal charge will be added to a group of multiple lab tests if a blood draw is necessary

Total of Standard Charges: \$ 107.00

Laboratory

Copays, deductibles and coinsurances are not factored into these charge amounts since each patient's insurance plan is unique.

Prompt Pay charge amount (70%)----->	\$ 77.00
Minimum negotiated charge amount (90%) ----->	\$ 99.00
Maximum negotiated charge amount (95%) ----->	\$ 104.50
Aetna - negotiated charge amount (94%) ----->	\$ 103.40
Anthem Blue Cross - negotiated charge amount (95%) ----->	\$ 104.50
Hometown Health - negotiated charge amount (93%) ----->	\$ 102.30
Cigna - negotiated charge amount (90%) ----->	\$ 99.00
All other insurances - non-negotiated charge amount (100%) ----->	\$ 110.00

South Lyon Medical Center -- PATIENT DISCOUNT PROGRAMS

For patients with insurance who have a patient balance after insurance has paid -----> 20% patient discount excluding copays.

For patients who do not have insurance coverage -----> 30% patient discount if paid within 60 days and 20% thereafter.

South Lyon Medical Center offers financial assistance based upon income level to uninsured and underinsured patients.

NOTE: For all shoppable services additional charges are possible based on the circumstances of each hospital/clinic visit

South Lyon Medical Center

Shoppable Services Report - Table II (CMS-1717-F2)

Use CTRL-F to SEARCH

Shoppable Service	Primary Service and Ancillary Services	CPT Code <OR> HCPCS Code	Revenue Code	Standard Charge
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INPATIENT, OUTPATIENT, SWING BED or SKILLED NURSING FACILITY

3068021 LIPID PANEL

3068021	LIPID PANEL	80061	301	\$ 129.00
3069995	VENIPUNCTURE	36415	309	\$ 22.00

VENIPUNCTURE - a single minimal charge will be added to a group of multiple lab tests if a blood draw is necessary

Total of Standard Charges: \$ 151.00

CMS-Specified Shoppable Service

Laboratory

Copays, deductibles and coinsurances are not factored into these charge amounts since each patient's insurance plan is unique.

Prompt Pay charge amount (70%)----->	\$ 105.70
Minimum negotiated charge amount (90%) ----->	\$ 135.90
Maximum negotiated charge amount (95%) ----->	\$ 143.45
Aetna - negotiated charge amount (94%) ----->	\$ 141.94
Anthem Blue Cross - negotiated charge amount (95%) ----->	\$ 143.45
Hometown Health - negotiated charge amount (93%) ----->	\$ 140.43
Cigna - negotiated charge amount (90%) ----->	\$ 135.90
All other insurances - non-negotiated charge amount (100%) ----->	\$ 151.00

South Lyon Medical Center -- PATIENT DISCOUNT PROGRAMS

For patients with insurance who have a patient balance after insurance has paid -----> 20% patient discount excluding copays.

For patients who do not have insurance coverage -----> 30% patient discount if paid within 60 days and 20% thereafter.

South Lyon Medical Center offers financial assistance based upon income level to uninsured and underinsured patients.

NOTE: For all shoppable services additional charges are possible based on the circumstances of each hospital/clinic visit

South Lyon Medical Center

Shoppable Services Report - Table II (CMS-1717-F2)

Use CTRL-F to SEARCH

Shoppable Service	Primary Service and Ancillary Services	CPT Code <OR> HCPCS Code	Revenue Code	Standard Charge
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INPATIENT, OUTPATIENT, SWING BED or SKILLED NURSING FACILITY

3068041 HEPATIC PANEL

3068041	HEPATIC PANEL	80076	301	\$ 122.00
3069995	VENIPUNCTURE	36415	309	\$ 22.00

VENIPUNCTURE - a single minimal charge will be added to a group of multiple lab tests if a blood draw is necessary

Total of Standard Charges: \$ 144.00

CMS-Specified Shoppable Service

Laboratory

Copays, deductibles and coinsurances are not factored into these charge amounts since each patient's insurance plan is unique.

Prompt Pay charge amount (70%)----->	\$ 100.80
Minimum negotiated charge amount (90%) ----->	\$ 129.60
Maximum negotiated charge amount (95%) ----->	\$ 136.80
Aetna - negotiated charge amount (94%) ----->	\$ 135.36
Anthem Blue Cross - negotiated charge amount (95%) ----->	\$ 136.80
Hometown Health - negotiated charge amount (93%) ----->	\$ 133.92
Cigna - negotiated charge amount (90%) ----->	\$ 129.60
All other insurances - non-negotiated charge amount (100%) ----->	\$ 144.00

South Lyon Medical Center -- PATIENT DISCOUNT PROGRAMS

For patients with insurance who have a patient balance after insurance has paid -----> 20% patient discount excluding copays.

For patients who do not have insurance coverage -----> 30% patient discount if paid within 60 days and 20% thereafter.

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NOTE: For all shoppable services additional charges are possible based on the circumstances of each hospital/clinic visit

South Lyon Medical Center

Shoppable Services Report - Table II (CMS-1717-F2)

Use CTRL-F to SEARCH

Shoppable Service	Primary Service and Ancillary Services	CPT Code <OR> HCPCS Code	Revenue Code	Standard Charge
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INPATIENT, OUTPATIENT, SWING BED or SKILLED NURSING FACILITY

3068091 OBSTETRIC PANEL

3068091	OBSTETRIC PANEL	80055	301	\$ 170.00
3069995	VENIPUNCTURE	36415	309	\$ 22.00

VENIPUNCTURE - a single minimal charge will be added to a group of multiple lab tests if a blood draw is necessary

Total of Standard Charges: \$ 192.00

CMS-Specified Shoppable Service

Laboratory

Copays, deductibles and coinsurances are not factored into these charge amounts since each patient's insurance plan is unique.

Prompt Pay charge amount (70%)----->	\$ 134.40
Minimum negotiated charge amount (90%) ----->	\$ 172.80
Maximum negotiated charge amount (95%) ----->	\$ 182.40
Aetna - negotiated charge amount (94%) ----->	\$ 180.48
Anthem Blue Cross - negotiated charge amount (95%) ----->	\$ 182.40
Hometown Health - negotiated charge amount (93%) ----->	\$ 178.56
Cigna - negotiated charge amount (90%) ----->	\$ 172.80
All other insurances - non-negotiated charge amount (100%) ----->	\$ 192.00

South Lyon Medical Center -- PATIENT DISCOUNT PROGRAMS

For patients with insurance who have a patient balance after insurance has paid -----> 20% patient discount excluding copays.

For patients who do not have insurance coverage -----> 30% patient discount if paid within 60 days and 20% thereafter.

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NOTE: For all shoppable services additional charges are possible based on the circumstances of each hospital/clinic visit

South Lyon Medical Center

Shoppable Services Report - Table II (CMS-1717-F2)

Use CTRL-F to SEARCH

Shoppable Service	Primary Service and Ancillary Services	CPT Code <OR> HCPCS Code	Revenue Code	Standard Charge
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INPATIENT, OUTPATIENT, SWING BED or SKILLED NURSING FACILITY

3068491 BASIC METABOLIC PANEL

3068491	BASIC METABOLIC PANEL	80048	301	\$ 147.00
3069995	VENIPUNCTURE	36415	309	\$ 22.00

VENIPUNCTURE - a single minimal charge will be added to a group of multiple lab tests if a blood draw is necessary

Total of Standard Charges: \$ 169.00

CMS-Specified Shoppable Service

Laboratory

Copays, deductibles and coinsurances are not factored into these charge amounts since each patient's insurance plan is unique.

Prompt Pay charge amount (70%)----->	\$ 118.30
Minimum negotiated charge amount (90%) ----->	\$ 152.10
Maximum negotiated charge amount (95%) ----->	\$ 160.55
Aetna - negotiated charge amount (94%) ----->	\$ 158.86
Anthem Blue Cross - negotiated charge amount (95%) ----->	\$ 160.55
Hometown Health - negotiated charge amount (93%) ----->	\$ 157.17
Cigna - negotiated charge amount (90%) ----->	\$ 152.10
All other insurances - non-negotiated charge amount (100%) ----->	\$ 169.00

South Lyon Medical Center -- PATIENT DISCOUNT PROGRAMS

For patients with insurance who have a patient balance after insurance has paid -----> 20% patient discount excluding copays.

For patients who do not have insurance coverage -----> 30% patient discount if paid within 60 days and 20% thereafter.

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NOTE: For all shoppable services additional charges are possible based on the circumstances of each hospital/clinic visit

South Lyon Medical Center

Shoppable Services Report - Table II (CMS-1717-F2)

Use CTRL-F to SEARCH

Shoppable Service	Primary Service and Ancillary Services	CPT Code <OR> HCPCS Code	Revenue Code	Standard Charge
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INPATIENT, OUTPATIENT, SWING BED or SKILLED NURSING FACILITY

3068541 COMPREHENSIVE METABOLIC PANEL

3068541	COMPREHENSIVE METABOLIC PANEL	80053	301	\$ 155.00
3069995	VENIPUNCTURE	36415	309	\$ 22.00

VENIPUNCTURE - a single minimal charge will be added to a group of multiple lab tests if a blood draw is necessary

Total of Standard Charges: \$ 177.00

CMS-Specified Shoppable Service

Laboratory

Copays, deductibles and coinsurances are not factored into these charge amounts since each patient's insurance plan is unique.

Prompt Pay charge amount (70%)----->	\$ 123.90
Minimum negotiated charge amount (90%) ----->	\$ 159.30
Maximum negotiated charge amount (95%) ----->	\$ 168.15
Aetna - negotiated charge amount (94%) ----->	\$ 166.38
Anthem Blue Cross - negotiated charge amount (95%) ----->	\$ 168.15
Hometown Health - negotiated charge amount (93%) ----->	\$ 164.61
Cigna - negotiated charge amount (90%) ----->	\$ 159.30
All other insurances - non-negotiated charge amount (100%) ----->	\$ 177.00

South Lyon Medical Center -- PATIENT DISCOUNT PROGRAMS

For patients with insurance who have a patient balance after insurance has paid -----> 20% patient discount excluding copays.

For patients who do not have insurance coverage -----> 30% patient discount if paid within 60 days and 20% thereafter.

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South Lyon Medical Center

Shoppable Services Report - Table II (CMS-1717-F2)

Use CTRL-F to SEARCH

Shoppable Service	Primary Service and Ancillary Services	CPT Code <OR> HCPCS Code	Revenue Code	Standard Charge
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INPATIENT, OUTPATIENT, SWING BED or SKILLED NURSING FACILITY

3069031 H. PYLORI SCREEN (BLOOD)

3069031	H. PYLORI SCREEN (BLOOD)	86677	300	\$ 144.00
3069995	VENIPUNCTURE	36415	309	\$ 22.00

VENIPUNCTURE - a single minimal charge will be added to a group of multiple lab tests if a blood draw is necessary

Total of Standard Charges: \$ 166.00

Laboratory

Copays, deductibles and coinsurances are not factored into these charge amounts since each patient's insurance plan is unique.

Prompt Pay charge amount (70%)----->	\$ 116.12
Minimum negotiated charge amount (90%) ----->	\$ 149.40
Maximum negotiated charge amount (95%) ----->	\$ 157.70
Aetna - negotiated charge amount (94%) ----->	\$ 156.04
Anthem Blue Cross - negotiated charge amount (95%) ----->	\$ 157.70
Hometown Health - negotiated charge amount (93%) ----->	\$ 154.38
Cigna - negotiated charge amount (90%) ----->	\$ 149.40
All other insurances - non-negotiated charge amount (100%) ----->	\$ 166.00

South Lyon Medical Center -- PATIENT DISCOUNT PROGRAMS

For patients with insurance who have a patient balance after insurance has paid -----> 20% patient discount excluding copays.

For patients who do not have insurance coverage -----> 30% patient discount if paid within 60 days and 20% thereafter.

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South Lyon Medical Center

Shoppable Services Report - Table II (CMS-1717-F2)

Use CTRL-F to SEARCH

Shoppable Service	Primary Service and Ancillary Services	CPT Code <OR> HCPCS Code	Revenue Code	Standard Charge
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INPATIENT, OUTPATIENT, SWING BED or SKILLED NURSING FACILITY

3069220 LIPASE

3069220	LIPASE	83690	301	\$ 78.00
3069995	VENIPUNCTURE	36415	309	\$ 22.00

VENIPUNCTURE - a single minimal charge will be added to a group of multiple lab tests if a blood draw is necessary

Total of Standard Charges: \$ 100.00

Laboratory

Copays, deductibles and coinsurances are not factored into these charge amounts since each patient's insurance plan is unique.

Prompt Pay charge amount (70%)----->	\$ 70.00
Minimum negotiated charge amount (90%) ----->	\$ 90.00
Maximum negotiated charge amount (95%) ----->	\$ 95.00
Aetna - negotiated charge amount (94%) ----->	\$ 94.00
Anthem Blue Cross - negotiated charge amount (95%) ----->	\$ 95.00
Hometown Health - negotiated charge amount (93%) ----->	\$ 93.00
Cigna - negotiated charge amount (90%) ----->	\$ 90.00
All other insurances - non-negotiated charge amount (100%) ----->	\$ 100.00

South Lyon Medical Center -- PATIENT DISCOUNT PROGRAMS

For patients with insurance who have a patient balance after insurance has paid -----> 20% patient discount excluding copays.

For patients who do not have insurance coverage -----> 30% patient discount if paid within 60 days and 20% thereafter.

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South Lyon Medical Center

Shoppable Services Report - Table II (CMS-1717-F2)

Use CTRL-F to SEARCH

Shoppable Service	Primary Service and Ancillary Services	CPT Code <OR> HCPCS Code	Revenue Code	Standard Charge
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INPATIENT, OUTPATIENT, SWING BED or SKILLED NURSING FACILITY

3069250 FOLATE

3069250	FOLATE	82746	301	\$ 171.00
3069995	VENIPUNCTURE	36415	309	\$ 22.00

VENIPUNCTURE - a single minimal charge will be added to a group of multiple lab tests if a blood draw is necessary

Total of Standard Charges: \$ 193.00

Laboratory

Copays, deductibles and coinsurances are not factored into these charge amounts since each patient's insurance plan is unique.

Prompt Pay charge amount (70%)----->	\$ 135.10
Minimum negotiated charge amount (90%) ----->	\$ 173.70
Maximum negotiated charge amount (95%) ----->	\$ 183.35
Aetna - negotiated charge amount (94%) ----->	\$ 181.42
Anthem Blue Cross - negotiated charge amount (95%) ----->	\$ 183.35
Hometown Health - negotiated charge amount (93%) ----->	\$ 179.49
Cigna - negotiated charge amount (90%) ----->	\$ 173.70
All other insurances - non-negotiated charge amount (100%) ----->	\$ 193.00

South Lyon Medical Center -- PATIENT DISCOUNT PROGRAMS

For patients with insurance who have a patient balance after insurance has paid -----> 20% patient discount excluding copays.

For patients who do not have insurance coverage -----> 30% patient discount if paid within 60 days and 20% thereafter.

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South Lyon Medical Center

Shoppable Services Report - Table II (CMS-1717-F2)

Use CTRL-F to SEARCH

Shoppable Service	Primary Service and Ancillary Services	CPT Code <OR> HCPCS Code	Revenue Code	Standard Charge
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INPATIENT, OUTPATIENT, SWING BED or SKILLED NURSING FACILITY

3069365 CULTURE EAR

3064062	SENSITIVITY ANY SOURCE	87186	306	\$ 104.00
3064072	CULTURE ID OTHER	87077	306	\$ 72.00
3069365	CULTURE EAR	87070	306	\$ 89.00

VENIPUNCTURE - a single minimal charge will be added to a group of multiple lab tests if a blood draw is necessary

Total of Standard Charges: \$ 265.00

Laboratory

Copays, deductibles and coinsurances are not factored into these charge amounts since each patient's insurance plan is unique.

Prompt Pay charge amount (70%)----->	\$ 185.50
Minimum negotiated charge amount (90%) ----->	\$ 238.50
Maximum negotiated charge amount (95%) ----->	\$ 251.75
Aetna - negotiated charge amount (94%) ----->	\$ 249.10
Anthem Blue Cross - negotiated charge amount (95%) ----->	\$ 251.75
Hometown Health - negotiated charge amount (93%) ----->	\$ 239.94
Cigna - negotiated charge amount (90%) ----->	\$ 246.45
All other insurances - non-negotiated charge amount (100%) ----->	\$ 265.00

South Lyon Medical Center -- PATIENT DISCOUNT PROGRAMS

For patients with insurance who have a patient balance after insurance has paid -----> 20% patient discount excluding copays.

For patients who do not have insurance coverage -----> 30% patient discount if paid within 60 days and 20% thereafter.

South Lyon Medical Center offers financial assistance based upon income level to uninsured and underinsured patients.

NOTE: For all shoppable services additional charges are possible based on the circumstances of each hospital/clinic visit

South Lyon Medical Center

Shoppable Services Report - Table II (CMS-1717-F2)

Use CTRL-F to SEARCH

Shoppable Service	Primary Service and Ancillary Services	CPT Code <OR> HCPCS Code	Revenue Code	Standard Charge
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INPATIENT, OUTPATIENT, SWING BED or SKILLED NURSING FACILITY

3069368 CULTURE ABSCESS

3064062	SENSITIVITY ANY SOURCE	87186	306	\$ 104.00
3064072	CULTURE ID OTHER	87077	306	\$ 72.00
3069368	CULTURE ABSCESS	87070	306	\$ 89.00

VENIPUNCTURE - a single minimal charge will be added to a group of multiple lab tests if a blood draw is necessary

Total of Standard Charges: \$ 265.00

Laboratory

Copays, deductibles and coinsurances are not factored into these charge amounts since each patient's insurance plan is unique.

Prompt Pay charge amount (70%)----->	\$ 185.50
Minimum negotiated charge amount (90%) ----->	\$ 238.50
Maximum negotiated charge amount (95%) ----->	\$ 251.75
Aetna - negotiated charge amount (94%) ----->	\$ 249.10
Anthem Blue Cross - negotiated charge amount (95%) ----->	\$ 251.75
Hometown Health - negotiated charge amount (93%) ----->	\$ 246.45
Cigna - negotiated charge amount (90%) ----->	\$ 238.50
All other insurances - non-negotiated charge amount (100%) ----->	\$ 265.00

South Lyon Medical Center -- PATIENT DISCOUNT PROGRAMS

For patients with insurance who have a patient balance after insurance has paid -----> 20% patient discount excluding copays.

For patients who do not have insurance coverage -----> 30% patient discount if paid within 60 days and 20% thereafter.

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NOTE: For all shoppable services additional charges are possible based on the circumstances of each hospital/clinic visit

South Lyon Medical Center

Shoppable Services Report - Table II (CMS-1717-F2)

Use CTRL-F to SEARCH

Shoppable Service	Primary Service and Ancillary Services	CPT Code <OR> HCPCS Code	Revenue Code	Standard Charge
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INPATIENT, OUTPATIENT, SWING BED or SKILLED NURSING FACILITY

3069372 CULTURE WOUND

3064062	SENSITIVITY ANY SOURCE	87186	306	\$ 104.00
3064072	CULTURE ID OTHER	87077	306	\$ 72.00
3069372	CULTURE WOUND	87070	306	\$ 89.00

VENIPUNCTURE - a single minimal charge will be added to a group of multiple lab tests if a blood draw is necessary

Total of Standard Charges: \$ 265.00

Laboratory

Copays, deductibles and coinsurances are not factored into these charge amounts since each patient's insurance plan is unique.

Prompt Pay charge amount (70%)----->	\$ 185.50
Minimum negotiated charge amount (90%) ----->	\$ 238.50
Maximum negotiated charge amount (95%) ----->	\$ 251.75
Aetna - negotiated charge amount (94%) ----->	\$ 249.10
Anthem Blue Cross - negotiated charge amount (95%) ----->	\$ 251.75
Hometown Health - negotiated charge amount (93%) ----->	\$ 246.45
Cigna - negotiated charge amount (90%) ----->	\$ 238.50
All other insurances - non-negotiated charge amount (100%) ----->	\$ 265.00

South Lyon Medical Center -- PATIENT DISCOUNT PROGRAMS

For patients with insurance who have a patient balance after insurance has paid -----> 20% patient discount excluding copays.

For patients who do not have insurance coverage -----> 30% patient discount if paid within 60 days and 20% thereafter.

South Lyon Medical Center offers financial assistance based upon income level to uninsured and underinsured patients.

NOTE: For all shoppable services additional charges are possible based on the circumstances of each hospital/clinic visit

South Lyon Medical Center

Shoppable Services Report - Table II (CMS-1717-F2)

Use CTRL-F to SEARCH

Shoppable Service	Primary Service and Ancillary Services	CPT Code <OR> HCPCS Code	Revenue Code	Standard Charge
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INPATIENT, OUTPATIENT, SWING BED or SKILLED NURSING FACILITY

3069380 T3 TOTAL

3069380	T3 TOTAL	8448090	301	\$ 128.00
3069995	VENIPUNCTURE	36415	309	\$ 22.00

VENIPUNCTURE - a single minimal charge will be added to a group of multiple lab tests if a blood draw is necessary

Total of Standard Charges: \$ 150.00

Laboratory

Copays, deductibles and coinsurances are not factored into these charge amounts since each patient's insurance plan is unique.

Prompt Pay charge amount (70%)----->	\$ 105.00
Minimum negotiated charge amount (90%) ----->	\$ 135.00
Maximum negotiated charge amount (95%) ----->	\$ 142.50
Aetna - negotiated charge amount (94%) ----->	\$ 141.00
Anthem Blue Cross - negotiated charge amount (95%) ----->	\$ 142.50
Hometown Health - negotiated charge amount (93%) ----->	\$ 139.50
Cigna - negotiated charge amount (90%) ----->	\$ 135.00
All other insurances - non-negotiated charge amount (100%) ----->	\$ 150.00

South Lyon Medical Center -- PATIENT DISCOUNT PROGRAMS

For patients with insurance who have a patient balance after insurance has paid -----> 20% patient discount excluding copays.

For patients who do not have insurance coverage -----> 30% patient discount if paid within 60 days and 20% thereafter.

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NOTE: For all shoppable services additional charges are possible based on the circumstances of each hospital/clinic visit

South Lyon Medical Center

Shoppable Services Report - Table II (CMS-1717-F2)

Use CTRL-F to SEARCH

Shoppable Service	Primary Service and Ancillary Services	CPT Code <OR> HCPCS Code	Revenue Code	Standard Charge
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INPATIENT, OUTPATIENT, SWING BED or SKILLED NURSING FACILITY

3069420 VITAMIN B12

3069420	VITAMIN B12	82607	301	\$ 193.00
3069995	VENIPUNCTURE	36415	309	\$ 22.00

VENIPUNCTURE - a single minimal charge will be added to a group of multiple lab tests if a blood draw is necessary

Total of Standard Charges: \$ 215.00

Laboratory

Copays, deductibles and coinsurances are not factored into these charge amounts since each patient's insurance plan is unique.

Prompt Pay charge amount (70%)----->	\$ 150.50
Minimum negotiated charge amount (90%) ----->	\$ 193.50
Maximum negotiated charge amount (95%) ----->	\$ 204.25
Aetna - negotiated charge amount (94%) ----->	\$ 202.10
Anthem Blue Cross - negotiated charge amount (95%) ----->	\$ 204.25
Hometown Health - negotiated charge amount (93%) ----->	\$ 199.95
Cigna - negotiated charge amount (90%) ----->	\$ 193.50
All other insurances - non-negotiated charge amount (100%) ----->	\$ 215.00

South Lyon Medical Center -- PATIENT DISCOUNT PROGRAMS

For patients with insurance who have a patient balance after insurance has paid -----> 20% patient discount excluding copays.

For patients who do not have insurance coverage -----> 30% patient discount if paid within 60 days and 20% thereafter.

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NOTE: For all shoppable services additional charges are possible based on the circumstances of each hospital/clinic visit

South Lyon Medical Center

Shoppable Services Report - Table II (CMS-1717-F2)

Use CTRL-F to SEARCH

Shoppable Service	Primary Service and Ancillary Services	CPT Code <OR> HCPCS Code	Revenue Code	Standard Charge
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INPATIENT, OUTPATIENT, SWING BED or SKILLED NURSING FACILITY

3069440 FERRITIN

3069440	FERRITIN	82728	301	\$ 114.00
3069995	VENIPUNCTURE	36415	309	\$ 22.00

VENIPUNCTURE - a single minimal charge will be added to a group of multiple lab tests if a blood draw is necessary

Total of Standard Charges: \$ 136.00

Laboratory

Copays, deductibles and coinsurances are not factored into these charge amounts since each patient's insurance plan is unique.

Prompt Pay charge amount (70%)----->	\$ 95.20
Minimum negotiated charge amount (90%) ----->	\$ 122.40
Maximum negotiated charge amount (95%) ----->	\$ 129.20
Aetna - negotiated charge amount (94%) ----->	\$ 127.84
Anthem Blue Cross - negotiated charge amount (95%) ----->	\$ 129.20
Hometown Health - negotiated charge amount (93%) ----->	\$ 126.48
Cigna - negotiated charge amount (90%) ----->	\$ 122.40
All other insurances - non-negotiated charge amount (100%) ----->	\$ 136.00

South Lyon Medical Center -- PATIENT DISCOUNT PROGRAMS

For patients with insurance who have a patient balance after insurance has paid -----> 20% patient discount excluding copays.

For patients who do not have insurance coverage -----> 30% patient discount if paid within 60 days and 20% thereafter.

South Lyon Medical Center offers financial assistance based upon income level to uninsured and underinsured patients.

NOTE: For all shoppable services additional charges are possible based on the circumstances of each hospital/clinic visit

South Lyon Medical Center

Shoppable Services Report - Table II (CMS-1717-F2)

Use CTRL-F to SEARCH

Shoppable Service	Primary Service and Ancillary Services	CPT Code <OR> HCPCS Code	Revenue Code	Standard Charge
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INPATIENT, OUTPATIENT, SWING BED or SKILLED NURSING FACILITY

3069450 MAGNESIUM

3069450	MAGNESIUM	83735	301	\$ 74.00
3069995	VENIPUNCTURE	36415	309	\$ 22.00

VENIPUNCTURE - a single minimal charge will be added to a group of multiple lab tests if a blood draw is necessary

Total of Standard Charges: \$ 96.00

Laboratory

Copays, deductibles and coinsurances are not factored into these charge amounts since each patient's insurance plan is unique.

Prompt Pay charge amount (70%)----->	\$ 67.20
Minimum negotiated charge amount (90%) ----->	\$ 86.40
Maximum negotiated charge amount (95%) ----->	\$ 91.20
Aetna - negotiated charge amount (94%) ----->	\$ 90.24
Anthem Blue Cross - negotiated charge amount (95%) ----->	\$ 91.20
Hometown Health - negotiated charge amount (93%) ----->	\$ 89.28
Cigna - negotiated charge amount (90%) ----->	\$ 86.40
All other insurances - non-negotiated charge amount (100%) ----->	\$ 96.00

South Lyon Medical Center -- PATIENT DISCOUNT PROGRAMS

For patients with insurance who have a patient balance after insurance has paid -----> 20% patient discount excluding copays.

For patients who do not have insurance coverage -----> 30% patient discount if paid within 60 days and 20% thereafter.

South Lyon Medical Center offers financial assistance based upon income level to uninsured and underinsured patients.

NOTE: For all shoppable services additional charges are possible based on the circumstances of each hospital/clinic visit

South Lyon Medical Center

Shoppable Services Report - Table II (CMS-1717-F2)

Use CTRL-F to SEARCH

Shoppable Service	Primary Service and Ancillary Services	CPT Code <OR> HCPCS Code	Revenue Code	Standard Charge
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INPATIENT, OUTPATIENT, SWING BED or SKILLED NURSING FACILITY

3069511 PSA DIAGNOSTIC / TOTAL

3069511	PSA DIAGNOSTIC / TOTAL	84153	301	\$ 143.00
3069995	VENIPUNCTURE	36415	309	\$ 22.00

VENIPUNCTURE - a single minimal charge will be added to a group of multiple lab tests if a blood draw is necessary

Total of Standard Charges: \$ 165.00

CMS-Specified Shoppable Service

Laboratory

Copays, deductibles and coinsurances are not factored into these charge amounts since each patient's insurance plan is unique.

Prompt Pay charge amount (70%)----->	\$ 115.50
Minimum negotiated charge amount (90%) ----->	\$ 148.50
Maximum negotiated charge amount (95%) ----->	\$ 156.75
Aetna - negotiated charge amount (94%) ----->	\$ 155.10
Anthem Blue Cross - negotiated charge amount (95%) ----->	\$ 156.75
Hometown Health - negotiated charge amount (93%) ----->	\$ 153.45
Cigna - negotiated charge amount (90%) ----->	\$ 148.50
All other insurances - non-negotiated charge amount (100%) ----->	\$ 165.00

South Lyon Medical Center -- PATIENT DISCOUNT PROGRAMS

For patients with insurance who have a patient balance after insurance has paid -----> 20% patient discount excluding copays.

For patients who do not have insurance coverage -----> 30% patient discount if paid within 60 days and 20% thereafter.

South Lyon Medical Center offers financial assistance based upon income level to uninsured and underinsured patients.

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South Lyon Medical Center

Shoppable Services Report - Table II (CMS-1717-F2)

Use CTRL-F to SEARCH

Shoppable Service	Primary Service and Ancillary Services	CPT Code <OR> HCPCS Code	Revenue Code	Standard Charge
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INPATIENT, OUTPATIENT, SWING BED or SKILLED NURSING FACILITY

3069512 PSA TOTAL/DIAGNOSTIC (SEND OUT)

3069512	PSA TOTAL/DIAGNOSTIC (SEND OUT)	8415390	301	\$ 236.00
3069995	VENIPUNCTURE	36415	309	\$ 22.00

VENIPUNCTURE - a single minimal charge will be added to a group of multiple lab tests if a blood draw is necessary

Total of Standard Charges: \$ 258.00

Laboratory

Copays, deductibles and coinsurances are not factored into these charge amounts since each patient's insurance plan is unique.

Prompt Pay charge amount (70%)----->	\$ 180.60
Minimum negotiated charge amount (90%) ----->	\$ 232.20
Maximum negotiated charge amount (95%) ----->	\$ 245.10
Aetna - negotiated charge amount (94%) ----->	\$ 242.52
Anthem Blue Cross - negotiated charge amount (95%) ----->	\$ 245.10
Hometown Health - negotiated charge amount (93%) ----->	\$ 239.94
Cigna - negotiated charge amount (90%) ----->	\$ 232.20
All other insurances - non-negotiated charge amount (100%) ----->	\$ 258.00

South Lyon Medical Center -- PATIENT DISCOUNT PROGRAMS

For patients with insurance who have a patient balance after insurance has paid -----> 20% patient discount excluding copays.

For patients who do not have insurance coverage -----> 30% patient discount if paid within 60 days and 20% thereafter.

South Lyon Medical Center offers financial assistance based upon income level to uninsured and underinsured patients.

NOTE: For all shoppable services additional charges are possible based on the circumstances of each hospital/clinic visit

South Lyon Medical Center

Shoppable Services Report - Table II (CMS-1717-F2)

Use CTRL-F to SEARCH

Shoppable Service	Primary Service and Ancillary Services	CPT Code <OR> HCPCS Code	Revenue Code	Standard Charge
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INPATIENT, OUTPATIENT, SWING BED or SKILLED NURSING FACILITY

3069820 MICROALBUMIN

3069820	MICROALBUMIN	82043	301	\$ 65.00
3069995	VENIPUNCTURE	36415	309	\$ 22.00

VENIPUNCTURE - a single minimal charge will be added to a group of multiple lab tests if a blood draw is necessary

Total of Standard Charges: \$ 87.00

Laboratory

Copays, deductibles and coinsurances are not factored into these charge amounts since each patient's insurance plan is unique.

Prompt Pay charge amount (70%)----->	\$ 60.90
Minimum negotiated charge amount (90%) ----->	\$ 78.30
Maximum negotiated charge amount (95%) ----->	\$ 82.65
Aetna - negotiated charge amount (94%) ----->	\$ 81.78
Anthem Blue Cross - negotiated charge amount (95%) ----->	\$ 82.65
Hometown Health - negotiated charge amount (93%) ----->	\$ 80.91
Cigna - negotiated charge amount (90%) ----->	\$ 78.30
All other insurances - non-negotiated charge amount (100%) ----->	\$ 87.00

South Lyon Medical Center -- PATIENT DISCOUNT PROGRAMS

For patients with insurance who have a patient balance after insurance has paid -----> 20% patient discount excluding copays.

For patients who do not have insurance coverage -----> 30% patient discount if paid within 60 days and 20% thereafter.

South Lyon Medical Center offers financial assistance based upon income level to uninsured and underinsured patients.

NOTE: For all shoppable services additional charges are possible based on the circumstances of each hospital/clinic visit

South Lyon Medical Center

Shoppable Services Report - Table II
(CMS-1717-F2)

Use CTRL-F to SEARCH

Shoppable Service	Primary Service and Ancillary Services	CPT Code <OR> HCPCS Code	Revenue Code	Standard Charge
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INPATIENT, OUTPATIENT, SWING BED or SKILLED NURSING FACILITY

3097020 HAIR FOLLICLE DRUG SCREEN (SEND OUT)

3097020	HAIR FOLLICLE DRUG SCREEN (SEND OUT)	8030790	301	\$ 46.00
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VENIPUNCTURE - a single minimal charge will be added to a group of multiple lab tests if a blood draw is necessary

Total of Standard Charges: \$ 46.00

Laboratory

Copays, deductibles and coinsurances are not factored into these charge amounts since each patient's insurance plan is unique.

Prompt Pay charge amount (70%)----->	\$ 32.20
Minimum negotiated charge amount (90%) ----->	\$ 41.40
Maximum negotiated charge amount (95%) ----->	\$ 43.70
Aetna - negotiated charge amount (94%) ----->	\$ 43.24
Anthem Blue Cross - negotiated charge amount (95%) ----->	\$ 43.70
Hometown Health - negotiated charge amount (93%) ----->	\$ 42.78
Cigna - negotiated charge amount (90%) ----->	\$ 41.40
All other insurances - non-negotiated charge amount (100%) ----->	\$ 46.00

South Lyon Medical Center -- PATIENT DISCOUNT PROGRAMS

For patients with insurance who have a patient balance after insurance has paid -----> 20% patient discount excluding copays.

For patients who do not have insurance coverage -----> 30% patient discount if paid within 60 days and 20% thereafter.

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NOTE: For all shoppable services additional charges are possible based on the circumstances of each hospital/clinic visit

South Lyon Medical Center

Shoppable Services Report - Table II
(CMS-1717-F2)

Use CTRL-F to SEARCH

CPT Code
<OR>
HCPCS Code

Revenue Code

Standard Charge

Shoppable Service

Primary Service and Ancillary Services

INPATIENT, OUTPATIENT, SWING BED or SKILLED NURSING FACILITY

4013005 EKG NON-STAT

4013005	EKG NON-STAT	93005	730	\$ 157.00
			Total of Standard Charges:	\$ 157.00

Electro cardiology

Copays, deductibles and coinsurances are not factored into these charge amounts since each patient's insurance plan is unique.

Prompt Pay charge amount (70%)----->	\$ 109.90
Minimum negotiated charge amount (90%) ----->	\$ 141.30
Maximum negotiated charge amount (95%) ----->	\$ 149.15
Aetna - negotiated charge amount (94%) ----->	\$ 147.58
Anthem Blue Cross - negotiated charge amount (95%) ----->	\$ 149.15
Hometown Health - negotiated charge amount (93%) ----->	\$ 146.01
Cigna - negotiated charge amount (90%) ----->	\$ 141.30
All other insurances - non-negotiated charge amount (100%) ----->	\$ 157.00

South Lyon Medical Center -- PATIENT DISCOUNT PROGRAMS

For patients with insurance who have a patient balance after insurance has paid -----> 20% patient discount excluding copays.

For patients who do not have insurance coverage -----> 30% patient discount if paid within 60 days and 20% thereafter.

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NOTE: For all shoppable services additional charges are possible based on the circumstances of each hospital/clinic visit

South Lyon Medical Center

Shoppable Services Report - Table II
(CMS-1717-F2)

Use CTRL-F to SEARCH

CPT Code
<OR>
HCPCS Code

Revenue Code

Standard Charge

Shoppable Service

Primary Service and Ancillary Services

INPATIENT, OUTPATIENT, SWING BED or SKILLED NURSING FACILITY

5030110 XR MANDIBLE MIN 4 VIEW

5030110	XR MANDIBLE MIN 4 VIEW	70110TC	320	\$ 428.00
RADIOLOGIST - not provided by facility (will be billed separately by the radiology group)				
Total of Standard Charges:				\$ 428.00

Radiology Services

Copays, deductibles and coinsurances are not factored into these charge amounts since each patient's insurance plan is unique.

Prompt Pay charge amount (70%)----->	\$ 299.60
Minimum negotiated charge amount (90%) ----->	\$ 385.20
Maximum negotiated charge amount (95%) ----->	\$ 396.15
Aetna - negotiated charge amount (94%) ----->	\$ 402.32
Anthem Blue Cross - negotiated charge amount (95%) ----->	\$ 396.15
Hometown Health - negotiated charge amount (93%) ----->	\$ 398.04
Cigna - negotiated charge amount (90%) ----->	\$ 385.20
All other insurances - non-negotiated charge amount (100%) ----->	\$ 428.00

South Lyon Medical Center -- PATIENT DISCOUNT PROGRAMS

For patients with insurance who have a patient balance after insurance has paid -----> 20% patient discount excluding copays.

For patients who do not have insurance coverage -----> 30% patient discount if paid within 60 days and 20% thereafter.

South Lyon Medical Center offers financial assistance based upon income level to uninsured and underinsured patients.

NOTE: For all shoppable services additional charges are possible based on the circumstances of each hospital/clinic visit

South Lyon Medical Center

Shoppable Services Report - Table II
 (CMS-1717-F2)

Use CTRL-F to SEARCH

CPT Code
 <OR>
HCPCS Code

Revenue Code

Standard Charge

Shoppable Service **Primary Service and Ancillary Services**

INPATIENT, OUTPATIENT, SWING BED or SKILLED NURSING FACILITY

5030120 XR MASTOIDS < 3 VIEWS

5030120	XR MASTOIDS < 3 VIEWS	70120TC	320	\$ 235.00
RADIOLOGIST - not provided by facility (will be billed separately by the radiology group)				
Total of Standard Charges:				\$ 235.00

Radiology Services

Copays, deductibles and coinsurances are not factored into these charge amounts since each patient's insurance plan is unique.

Prompt Pay charge amount (70%)----->	\$ 164.50
Minimum negotiated charge amount (90%) ----->	\$ 211.50
Maximum negotiated charge amount (95%) ----->	\$ 223.25
Aetna - negotiated charge amount (94%) ----->	\$ 220.90
Anthem Blue Cross - negotiated charge amount (95%) ----->	\$ 223.25
Hometown Health - negotiated charge amount (93%) ----->	\$ 218.55
Cigna - negotiated charge amount (90%) ----->	\$ 211.50
All other insurances - non-negotiated charge amount (100%) ----->	\$ 235.00

South Lyon Medical Center -- PATIENT DISCOUNT PROGRAMS

For patients with insurance who have a patient balance after insurance has paid -----> 20% patient discount excluding copays.

For patients who do not have insurance coverage -----> 30% patient discount if paid within 60 days and 20% thereafter.

South Lyon Medical Center offers financial assistance based upon income level to uninsured and underinsured patients.

NOTE: For all shoppable services additional charges are possible based on the circumstances of each hospital/clinic visit

South Lyon Medical Center

Shoppable Services Report - Table II
(CMS-1717-F2)

Use CTRL-F to SEARCH

Shoppable Service	Primary Service and Ancillary Services	CPT Code <OR> HCPCS Code	Revenue Code	Standard Charge
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INPATIENT, OUTPATIENT, SWING BED or SKILLED NURSING FACILITY

5030130 XR MASTOID BILAT COMP MIN 3V

5030130	XR MASTOID BILAT COMP MIN 3V	7013050TC	320	\$ 287.00
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RADIOLOGIST - not provided by facility (will be billed separately by the radiology group)

Total of Standard Charges: \$ 287.00

Radiology Services

Copays, deductibles and coinsurances are not factored into these charge amounts since each patient's insurance plan is unique.

Prompt Pay charge amount (70%)----->	\$ 200.90
Minimum negotiated charge amount (90%) ----->	\$ 258.30
Maximum negotiated charge amount (95%) ----->	\$ 272.65
Aetna - negotiated charge amount (94%) ----->	\$ 269.78
Anthem Blue Cross - negotiated charge amount (95%) ----->	\$ 272.65
Hometown Health - negotiated charge amount (93%) ----->	\$ 266.91
Cigna - negotiated charge amount (90%) ----->	\$ 258.30
All other insurances - non-negotiated charge amount (100%) ----->	\$ 287.00

South Lyon Medical Center -- PATIENT DISCOUNT PROGRAMS

For patients with insurance who have a patient balance after insurance has paid -----> 20% patient discount excluding copays.

For patients who do not have insurance coverage -----> 30% patient discount if paid within 60 days and 20% thereafter.

South Lyon Medical Center offers financial assistance based upon income level to uninsured and underinsured patients.

NOTE: For all shoppable services additional charges are possible based on the circumstances of each hospital/clinic visit

South Lyon Medical Center

Shoppable Services Report - Table II
(CMS-1717-F2)

Use CTRL-F to SEARCH

CPT Code
<OR>
HCPCS Code

Revenue Code

Standard Charge

Shoppable Service

Primary Service and Ancillary Services

INPATIENT, OUTPATIENT, SWING BED or SKILLED NURSING FACILITY

5030140 XR FACIAL BONES LTD

5030140	XR FACIAL BONES LTD	70140TC	320	\$ 257.00
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RADIOLOGIST - not provided by facility (will be billed separately by the radiology group)

Total of Standard Charges: \$ 257.00

Radiology Services

Copays, deductibles and coinsurances are not factored into these charge amounts since each patient's insurance plan is unique.

Prompt Pay charge amount (70%)----->	\$ 179.00
Minimum negotiated charge amount (90%) ----->	\$ 231.30
Maximum negotiated charge amount (95%) ----->	\$ 244.15
Aetna - negotiated charge amount (94%) ----->	\$ 241.58
Anthem Blue Cross - negotiated charge amount (95%) ----->	\$ 244.15
Hometown Health - negotiated charge amount (93%) ----->	\$ 239.01
Cigna - negotiated charge amount (90%) ----->	\$ 231.30
All other insurances - non-negotiated charge amount (100%) ----->	\$ 257.00

South Lyon Medical Center -- PATIENT DISCOUNT PROGRAMS

For patients with insurance who have a patient balance after insurance has paid -----> 20% patient discount excluding copays.

For patients who do not have insurance coverage -----> 30% patient discount if paid within 60 days and 20% thereafter.

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NOTE: For all shoppable services additional charges are possible based on the circumstances of each hospital/clinic visit

South Lyon Medical Center

Shoppable Services Report - Table II
 (CMS-1717-F2)

Use CTRL-F to SEARCH

Shoppable Service	Primary Service and Ancillary Services	CPT Code <OR> HCPCS Code	Revenue Code	Standard Charge
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INPATIENT, OUTPATIENT, SWING BED or SKILLED NURSING FACILITY

5030150 XR FACIAL BONES COMP MIN 3V

5030150	XR FACIAL BONES COMP MIN 3V	70150TC	320	\$ 304.00
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RADIOLOGIST - not provided by facility (will be billed separately by the radiology group)

Total of Standard Charges: \$ 304.00

Radiology Services

Copays, deductibles and coinsurances are not factored into these charge amounts since each patient's insurance plan is unique.

Prompt Pay charge amount (70%)----->	\$ 212.80
Minimum negotiated charge amount (90%) ----->	\$ 273.60
Maximum negotiated charge amount (95%) ----->	\$ 288.80
Aetna - negotiated charge amount (94%) ----->	\$ 285.76
Anthem Blue Cross - negotiated charge amount (95%) ----->	\$ 288.80
Hometown Health - negotiated charge amount (93%) ----->	\$ 282.72
Cigna - negotiated charge amount (90%) ----->	\$ 273.60
All other insurances - non-negotiated charge amount (100%) ----->	\$ 304.00

South Lyon Medical Center -- PATIENT DISCOUNT PROGRAMS

For patients with insurance who have a patient balance after insurance has paid -----> 20% patient discount excluding copays.

For patients who do not have insurance coverage -----> 30% patient discount if paid within 60 days and 20% thereafter.

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NOTE: For all shoppable services additional charges are possible based on the circumstances of each hospital/clinic visit

South Lyon Medical Center

Shoppable Services Report - Table II
(CMS-1717-F2)

Use CTRL-F to SEARCH

Shoppable Service	Primary Service and Ancillary Services	CPT Code <OR> HCPCS Code	Revenue Code	Standard Charge
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INPATIENT, OUTPATIENT, SWING BED or SKILLED NURSING FACILITY

5030160 XR NASAL BONES COMP MIN 3 V

5030160	XR NASAL BONES COMP MIN 3 V	70160TC	320	\$ 181.00
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RADIOLOGIST - not provided by facility (will be billed separately by the radiology group)

Total of Standard Charges: \$ 181.00

Radiology Services

Copays, deductibles and coinsurances are not factored into these charge amounts since each patient's insurance plan is unique.

Prompt Pay charge amount (70%)----->	\$ 126.70
Minimum negotiated charge amount (90%) ----->	\$ 162.90
Maximum negotiated charge amount (95%) ----->	\$ 171.95
Aetna - negotiated charge amount (94%) ----->	\$ 170.14
Anthem Blue Cross - negotiated charge amount (95%) ----->	\$ 171.95
Hometown Health - negotiated charge amount (93%) ----->	\$ 168.33
Cigna - negotiated charge amount (90%) ----->	\$ 162.90
All other insurances - non-negotiated charge amount (100%) ----->	\$ 181.00

South Lyon Medical Center -- PATIENT DISCOUNT PROGRAMS

For patients with insurance who have a patient balance after insurance has paid -----> 20% patient discount excluding copays.

For patients who do not have insurance coverage -----> 30% patient discount if paid within 60 days and 20% thereafter.

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South Lyon Medical Center

Shoppable Services Report - Table II
(CMS-1717-F2)

Use CTRL-F to SEARCH

CPT Code
<OR>
HCPCS Code

Revenue Code

Standard Charge

Shoppable Service

Primary Service and Ancillary Services

INPATIENT, OUTPATIENT, SWING BED or SKILLED NURSING FACILITY

5030220 XR SINUS COMPLETE MIN 3 VIEW

5030220	XR SINUS COMPLETE MIN 3 VIEW	70220TC	320	\$ 358.00
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RADIOLOGIST - not provided by facility (will be billed separately by the radiology group)

Total of Standard Charges: \$ 358.00

Radiology Services

Copays, deductibles and coinsurances are not factored into these charge amounts since each patient's insurance plan is unique.

Prompt Pay charge amount (70%)----->	\$ 250.60
Minimum negotiated charge amount (90%) ----->	\$ 322.20
Maximum negotiated charge amount (95%) ----->	\$ 340.10
Aetna - negotiated charge amount (94%) ----->	\$ 336.52
Anthem Blue Cross - negotiated charge amount (95%) ----->	\$ 340.10
Hometown Health - negotiated charge amount (93%) ----->	\$ 332.94
Cigna - negotiated charge amount (90%) ----->	\$ 322.20
All other insurances - non-negotiated charge amount (100%) ----->	\$ 358.00

South Lyon Medical Center -- PATIENT DISCOUNT PROGRAMS

For patients with insurance who have a patient balance after insurance has paid -----> 20% patient discount excluding copays.

For patients who do not have insurance coverage -----> 30% patient discount if paid within 60 days and 20% thereafter.

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South Lyon Medical Center

Shoppable Services Report - Table II
(CMS-1717-F2)

Use CTRL-F to SEARCH

CPT Code
<OR>
HCPCS Code

Revenue Code

Standard Charge

Shoppable Service

Primary Service and Ancillary Services

INPATIENT, OUTPATIENT, SWING BED or SKILLED NURSING FACILITY

5030250 XR SKULL < 4V

5030250 XR SKULL < 4V

70250TC

320

\$ 183.00

RADIOLOGIST - not provided by facility (will be billed separately by the radiology group)

Total of Standard Charges:

\$ 183.00

Radiology Services

Copays, deductibles and coinsurances are not factored into these charge amounts since each patient's insurance plan is unique.

Prompt Pay charge amount (70%)----->	\$ 128.10
Minimum negotiated charge amount (90%) ----->	\$ 164.70
Maximum negotiated charge amount (95%) ----->	\$ 173.85
Aetna - negotiated charge amount (94%) ----->	\$ 172.02
Anthem Blue Cross - negotiated charge amount (95%) ----->	\$ 173.85
Hometown Health - negotiated charge amount (93%) ----->	\$ 170.19
Cigna - negotiated charge amount (90%) ----->	\$ 164.10
All other insurances - non-negotiated charge amount (100%) ----->	\$ 183.00

South Lyon Medical Center -- PATIENT DISCOUNT PROGRAMS

For patients with insurance who have a patient balance after insurance has paid -----> 20% patient discount excluding copays.

For patients who do not have insurance coverage -----> 30% patient discount if paid within 60 days and 20% thereafter.

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South Lyon Medical Center

Shoppable Services Report - Table II
(CMS-1717-F2)

Use CTRL-F to SEARCH

CPT Code
<OR>
HCPCS Code

Revenue Code

Standard Charge

Shoppable Service

Primary Service and Ancillary Services

INPATIENT, OUTPATIENT, SWING BED or SKILLED NURSING FACILITY

5030330 XR TMJ'S COMP BILATERAL

5030330 XR TMJ'S COMP BILATERAL

70330TC

320

\$ 446.00

RADIOLOGIST - not provided by facility (will be billed separately by the radiology group)

Total of Standard Charges:

\$ 446.00

Prompt Pay charge amount (70%)----->

\$ 312.20

Minimum negotiated charge amount (90%) ----->

\$ 401.40

Maximum negotiated charge amount (95%) ----->

\$ 423.70

Aetna - negotiated charge amount (94%) ----->

\$ 419.24

Anthem Blue Cross - negotiated charge amount (95%) ----->

\$ 423.70

Hometown Health - negotiated charge amount (93%) ----->

\$ 414.78

Cigna - negotiated charge amount (90%) ----->

\$ 401.40

All other insurances - non-negotiated charge amount (100%) ----->

\$ 446.00

Copays, deductibles and coinsurances are not factored into these charge amounts since each patient's insurance plan is unique.

Radiology Services

South Lyon Medical Center -- PATIENT DISCOUNT PROGRAMS

For patients with insurance who have a patient balance after insurance has paid -----> 20% patient discount excluding copays.

For patients who do not have insurance coverage -----> 30% patient discount if paid within 60 days and 20% thereafter.

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South Lyon Medical Center

Shoppable Services Report - Table II
 (CMS-1717-F2)

Use CTRL-F to SEARCH

Shoppable Service	Primary Service and Ancillary Services	CPT Code <OR> HCPCS Code	Revenue Code	Standard Charge
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INPATIENT, OUTPATIENT, SWING BED or SKILLED NURSING FACILITY

5030360 XR NECK SOFT TISSUE

5030360	XR NECK SOFT TISSUE	70360TC	320	\$ 201.00
RADIOLOGIST - not provided by facility (will be billed separately by the radiology group)				
Total of Standard Charges:				\$ 201.00

Radiology Services

Copays, deductibles and coinsurances are not factored into these charge amounts since each patient's insurance plan is unique.

Prompt Pay charge amount (70%)----->	\$ 140.70
Minimum negotiated charge amount (90%) ----->	\$ 180.90
Maximum negotiated charge amount (95%) ----->	\$ 190.95
Aetna - negotiated charge amount (94%) ----->	\$ 188.94
Anthem Blue Cross - negotiated charge amount (95%) ----->	\$ 190.95
Hometown Health - negotiated charge amount (93%) ----->	\$ 186.93
Cigna - negotiated charge amount (90%) ----->	\$ 180.90
All other insurances - non-negotiated charge amount (100%) ----->	\$ 201.00

South Lyon Medical Center -- PATIENT DISCOUNT PROGRAMS

For patients with insurance who have a patient balance after insurance has paid -----> 20% patient discount excluding copays.

For patients who do not have insurance coverage -----> 30% patient discount if paid within 60 days and 20% thereafter.

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NOTE: For all shoppable services additional charges are possible based on the circumstances of each hospital/clinic visit

South Lyon Medical Center

Shoppable Services Report - Table II
 (CMS-1717-F2)

Use CTRL-F to SEARCH

CPT Code
 <OR>
HCPCS Code

Revenue Code

Standard Charge

Shoppable Service

Primary Service and Ancillary Services

INPATIENT, OUTPATIENT, SWING BED or SKILLED NURSING FACILITY

5031002 XR LS SPINE 2 OR 3 VIEW

5031002	XR LS SPINE 2 OR 3 VIEW	72100TC	320	\$ 289.00
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RADIOLOGIST - not provided by facility (will be billed separately by the radiology group)

Total of Standard Charges: \$ 289.00

Radiology Services

Copays, deductibles and coinsurances are not factored into these charge amounts since each patient's insurance plan is unique.

Prompt Pay charge amount (70%)----->	\$ 202.30
Minimum negotiated charge amount (90%) ----->	\$ 260.10
Maximum negotiated charge amount (95%) ----->	\$ 274.55
Aetna - negotiated charge amount (94%) ----->	\$ 271.66
Anthem Blue Cross - negotiated charge amount (95%) ----->	\$ 274.55
Hometown Health - negotiated charge amount (93%) ----->	\$ 268.77
Cigna - negotiated charge amount (90%) ----->	\$ 260.10
All other insurances - non-negotiated charge amount (100%) ----->	\$ 289.00

South Lyon Medical Center -- PATIENT DISCOUNT PROGRAMS

For patients with insurance who have a patient balance after insurance has paid -----> 20% patient discount excluding copays.

For patients who do not have insurance coverage -----> 30% patient discount if paid within 60 days and 20% thereafter.

South Lyon Medical Center offers financial assistance based upon income level to uninsured and underinsured patients.

NOTE: For all shoppable services additional charges are possible based on the circumstances of each hospital/clinic visit

South Lyon Medical Center

Shoppable Services Report - Table II
(CMS-1717-F2)

Use CTRL-F to SEARCH

CPT Code
<OR>
HCPCS Code

Revenue Code

Standard Charge

Shoppable Service

Primary Service and Ancillary Services

INPATIENT, OUTPATIENT, SWING BED or SKILLED NURSING FACILITY

5031010 XR CHEST 1 V

5031010 XR CHEST 1 V

71045TC

324

\$ 189.00

RADIOLOGIST - not provided by facility (will be billed separately by the radiology group)

Total of Standard Charges:

\$ 189.00

Prompt Pay charge amount (70%)-----> \$ 132.30

Minimum negotiated charge amount (90%) -----> \$ 170.10

Maximum negotiated charge amount (95%) -----> \$ 179.55

Aetna - negotiated charge amount (94%) -----> \$ 177.66

Anthem Blue Cross - negotiated charge amount (95%) -----> \$ 179.55

Hometown Health - negotiated charge amount (93%) -----> \$ 175.77

Cigna - negotiated charge amount (90%) -----> \$ 170.10

All other insurances - non-negotiated charge amount (100%) -----> \$ 189.00

Copays, deductibles and coinsurances are not factored into these charge amounts since each patient's insurance plan is unique.

Radiology Services

South Lyon Medical Center -- PATIENT DISCOUNT PROGRAMS

For patients with insurance who have a patient balance after insurance has paid -----> 20% patient discount excluding copays.

For patients who do not have insurance coverage -----> 30% patient discount if paid within 60 days and 20% thereafter.

South Lyon Medical Center offers financial assistance based upon income level to uninsured and underinsured patients.

NOTE: For all shoppable services additional charges are possible based on the circumstances of each hospital/clinic visit

South Lyon Medical Center

Shoppable Services Report - Table II
(CMS-1717-F2)

Use CTRL-F to SEARCH

Shoppable Service	Primary Service and Ancillary Services	CPT Code <OR> HCPCS Code	Revenue Code	Standard Charge
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INPATIENT, OUTPATIENT, SWING BED or SKILLED NURSING FACILITY

5031020 XR CHEST 2 VIEWS

5031020	XR CHEST 2 VIEWS	71046TC	324	\$ 221.00
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RADIOLOGIST - not provided by facility (will be billed separately by the radiology group)

Total of Standard Charges: \$ 221.00

Radiology Services

Copays, deductibles and coinsurances are not factored into these charge amounts since each patient's insurance plan is unique.

Prompt Pay charge amount (70%)----->	\$ 154.70
Minimum negotiated charge amount (90%) ----->	\$ 198.90
Maximum negotiated charge amount (95%) ----->	\$ 209.95
Aetna - negotiated charge amount (94%) ----->	\$ 207.74
Anthem Blue Cross - negotiated charge amount (95%) ----->	\$ 209.95
Hometown Health - negotiated charge amount (93%) ----->	\$ 205.53
Cigna - negotiated charge amount (90%) ----->	\$ 198.90
All other insurances - non-negotiated charge amount (100%) ----->	\$ 221.00

South Lyon Medical Center -- PATIENT DISCOUNT PROGRAMS

For patients with insurance who have a patient balance after insurance has paid -----> 20% patient discount excluding copays.

For patients who do not have insurance coverage -----> 30% patient discount if paid within 60 days and 20% thereafter.

South Lyon Medical Center offers financial assistance based upon income level to uninsured and underinsured patients.

NOTE: For all shoppable services additional charges are possible based on the circumstances of each hospital/clinic visit

South Lyon Medical Center

Shoppable Services Report - Table II
(CMS-1717-F2)

Use CTRL-F to SEARCH

CPT Code
<OR>
HCPCS Code

Revenue Code

Standard Charge

Shoppable Service

Primary Service and Ancillary Services

INPATIENT, OUTPATIENT, SWING BED or SKILLED NURSING FACILITY

5031030 XR CHEST 4 VIEWS

5031030	XR CHEST 4 VIEWS	71048TC	324	\$ 281.00
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RADIOLOGIST - not provided by facility (will be billed separately by the radiology group)

Total of Standard Charges: \$ 281.00

Radiology Services

Copays, deductibles and coinsurances are not factored into these charge amounts since each patient's insurance plan is unique.

Prompt Pay charge amount (70%)----->	\$ 196.70
Minimum negotiated charge amount (90%) ----->	\$ 252.90
Maximum negotiated charge amount (95%) ----->	\$ 266.95
Aetna - negotiated charge amount (94%) ----->	\$ 264.14
Anthem Blue Cross - negotiated charge amount (95%) ----->	\$ 266.95
Hometown Health - negotiated charge amount (93%) ----->	\$ 261.33
Cigna - negotiated charge amount (90%) ----->	\$ 252.90
All other insurances - non-negotiated charge amount (100%) ----->	\$ 281.00

South Lyon Medical Center -- PATIENT DISCOUNT PROGRAMS

For patients with insurance who have a patient balance after insurance has paid -----> 20% patient discount excluding copays.

For patients who do not have insurance coverage -----> 30% patient discount if paid within 60 days and 20% thereafter.

South Lyon Medical Center offers financial assistance based upon income level to uninsured and underinsured patients.

NOTE: For all shoppable services additional charges are possible based on the circumstances of each hospital/clinic visit

South Lyon Medical Center

Shoppable Services Report - Table II
(CMS-1717-F2)

Use CTRL-F to SEARCH

Shoppable Service	Primary Service and Ancillary Services	CPT Code <OR> HCPCS Code	Revenue Code	Standard Charge
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INPATIENT, OUTPATIENT, SWING BED or SKILLED NURSING FACILITY

5031035 XR CHEST 3 VIEW

5031035	XR CHEST 3 VIEW	71047TC	320	\$ 253.00
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RADIOLOGIST - not provided by facility (will be billed separately by the radiology group)

Total of Standard Charges: \$ 253.00

Radiology Services

Copays, deductibles and coinsurances are not factored into these charge amounts since each patient's insurance plan is unique.

Prompt Pay charge amount (70%)----->	\$ 177.10
Minimum negotiated charge amount (90%) ----->	\$ 227.70
Maximum negotiated charge amount (95%) ----->	\$ 240.35
Aetna - negotiated charge amount (94%) ----->	\$ 237.82
Anthem Blue Cross - negotiated charge amount (95%) ----->	\$ 240.35
Hometown Health - negotiated charge amount (93%) ----->	\$ 235.29
Cigna - negotiated charge amount (90%) ----->	\$ 227.70
All other insurances - non-negotiated charge amount (100%) ----->	\$ 253.00

South Lyon Medical Center -- PATIENT DISCOUNT PROGRAMS

For patients with insurance who have a patient balance after insurance has paid -----> 20% patient discount excluding copays.

For patients who do not have insurance coverage -----> 30% patient discount if paid within 60 days and 20% thereafter.

South Lyon Medical Center offers financial assistance based upon income level to uninsured and underinsured patients.

NOTE: For all shoppable services additional charges are possible based on the circumstances of each hospital/clinic visit

South Lyon Medical Center

Shoppable Services Report - Table II
(CMS-1717-F2)

Use CTRL-F to SEARCH

CPT Code
<OR>
HCPCS Code

Revenue Code

Standard Charge

Shoppable Service

Primary Service and Ancillary Services

INPATIENT, OUTPATIENT, SWING BED or SKILLED NURSING FACILITY

5031100 XR RIBS UNI 2 VIEWS LT

5031100	XR RIBS UNI 2 VIEWS LT	71100TC	320	\$ 229.00
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RADIOLOGIST - not provided by facility (will be billed separately by the radiology group)

Total of Standard Charges: \$ 229.00

Radiology Services

Copays, deductibles and coinsurances are not factored into these charge amounts since each patient's insurance plan is unique.

Prompt Pay charge amount (70%)----->	\$ 160.30
Minimum negotiated charge amount (90%) ----->	\$ 206.10
Maximum negotiated charge amount (95%) ----->	\$ 217.55
Aetna - negotiated charge amount (94%) ----->	\$ 215.26
Anthem Blue Cross - negotiated charge amount (95%) ----->	\$ 217.55
Hometown Health - negotiated charge amount (93%) ----->	\$ 212.97
Cigna - negotiated charge amount (90%) ----->	\$ 206.10
All other insurances - non-negotiated charge amount (100%) ----->	\$ 229.00

South Lyon Medical Center -- PATIENT DISCOUNT PROGRAMS

For patients with insurance who have a patient balance after insurance has paid -----> 20% patient discount excluding copays.

For patients who do not have insurance coverage -----> 30% patient discount if paid within 60 days and 20% thereafter.

South Lyon Medical Center offers financial assistance based upon income level to uninsured and underinsured patients.

NOTE: For all shoppable services additional charges are possible based on the circumstances of each hospital/clinic visit

South Lyon Medical Center

Shoppable Services Report - Table II
(CMS-1717-F2)

Use CTRL-F to SEARCH

CPT Code <OR> HCPCS Code	Revenue Code	Standard Charge
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Shoppable Service	Primary Service and Ancillary Services
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INPATIENT, OUTPATIENT, SWING BED or SKILLED NURSING FACILITY

5031101 XR RIBS UNI W CXR MIN 3 V LT

5031101	XR RIBS UNI W CXR MIN 3 V LT	71101TC	320	\$ 313.00
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RADIOLOGIST - not provided by facility (will be billed separately by the radiology group)

Total of Standard Charges: \$ 313.00

Radiology Services

Copays, deductibles and coinsurances are not factored into these charge amounts since each patient's insurance plan is unique.

Prompt Pay charge amount (70%)----->	\$ 219.10
Minimum negotiated charge amount (90%) ----->	\$ 281.70
Maximum negotiated charge amount (95%) ----->	\$ 297.35
Aetna - negotiated charge amount (94%) ----->	\$ 294.22
Anthem Blue Cross - negotiated charge amount (95%) ----->	\$ 297.35
Hometown Health - negotiated charge amount (93%) ----->	\$ 291.09
Cigna - negotiated charge amount (90%) ----->	\$ 281.70
All other insurances - non-negotiated charge amount (100%) ----->	\$ 313.00

South Lyon Medical Center -- PATIENT DISCOUNT PROGRAMS

For patients with insurance who have a patient balance after insurance has paid -----> 20% patient discount excluding copays.

For patients who do not have insurance coverage -----> 30% patient discount if paid within 60 days and 20% thereafter.

South Lyon Medical Center offers financial assistance based upon income level to uninsured and underinsured patients.

NOTE: For all shoppable services additional charges are possible based on the circumstances of each hospital/clinic visit

South Lyon Medical Center

Shoppable Services Report - Table II
(CMS-1717-F2)

Use CTRL-F to SEARCH

Shoppable Service	Primary Service and Ancillary Services	CPT Code <OR> HCPCS Code	Revenue Code	Standard Charge
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INPATIENT, OUTPATIENT, SWING BED or SKILLED NURSING FACILITY

5031111 XR RIBS/CHEST BILAT MIN 4V

5031111	XR RIBS/CHEST BILAT MIN 4V	71111TC	320	\$ 371.00
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RADIOLOGIST - not provided by facility (will be billed separately by the radiology group)

Total of Standard Charges: \$ 371.00

Radiology Services

Copays, deductibles and coinsurances are not factored into these charge amounts since each patient's insurance plan is unique.

Prompt Pay charge amount (70%)----->	\$ 259.70
Minimum negotiated charge amount (90%) ----->	\$ 333.90
Maximum negotiated charge amount (95%) ----->	\$ 352.45
Aetna - negotiated charge amount (94%) ----->	\$ 348.74
Anthem Blue Cross - negotiated charge amount (95%) ----->	\$ 352.45
Hometown Health - negotiated charge amount (93%) ----->	\$ 345.03
Cigna - negotiated charge amount (90%) ----->	\$ 330.90
All other insurances - non-negotiated charge amount (100%) ----->	\$ 371.00

South Lyon Medical Center -- PATIENT DISCOUNT PROGRAMS

For patients with insurance who have a patient balance after insurance has paid -----> 20% patient discount excluding copays.

For patients who do not have insurance coverage -----> 30% patient discount if paid within 60 days and 20% thereafter.

South Lyon Medical Center offers financial assistance based upon income level to uninsured and underinsured patients.

NOTE: For all shoppable services additional charges are possible based on the circumstances of each hospital/clinic visit

South Lyon Medical Center

Shoppable Services Report - Table II
(CMS-1717-F2)

Use CTRL-F to SEARCH

CPT Code
<OR>
HCPCS Code

Revenue Code

Standard Charge

Shoppable Service

Primary Service and Ancillary Services

INPATIENT, OUTPATIENT, SWING BED or SKILLED NURSING FACILITY

5031120 XR STERNUM MIN 2 VIEW

5031120 XR STERNUM MIN 2 VIEW

71120TC

320

\$ 232.00

RADIOLOGIST - not provided by facility (will be billed separately by the radiology group)

Total of Standard Charges:

\$ 232.00

Prompt Pay charge amount (70%)-----> \$ 162.40

Minimum negotiated charge amount (90%) -----> \$ 208.80

Maximum negotiated charge amount (95%) -----> \$ 220.45

Aetna - negotiated charge amount (94%) -----> \$ 218.08

Anthem Blue Cross - negotiated charge amount (95%) -----> \$ 220.45

Hometown Health - negotiated charge amount (93%) -----> \$ 215.76

Cigna - negotiated charge amount (90%) -----> \$ 208.80

All other insurances - non-negotiated charge amount (100%) -----> \$ 232.00

Copays, deductibles and coinsurances are not factored into these charge amounts since each patient's insurance plan is unique.

Radiology Services

South Lyon Medical Center -- PATIENT DISCOUNT PROGRAMS

For patients with insurance who have a patient balance after insurance has paid -----> 20% patient discount excluding copays.

For patients who do not have insurance coverage -----> 30% patient discount if paid within 60 days and 20% thereafter.

South Lyon Medical Center offers financial assistance based upon income level to uninsured and underinsured patients.

NOTE: For all shoppable services additional charges are possible based on the circumstances of each hospital/clinic visit

South Lyon Medical Center

Shoppable Services Report - Table II
 (CMS-1717-F2)

Use CTRL-F to SEARCH

CPT Code
 <OR>
HCPCS Code

Revenue Code

Standard Charge

Shoppable Service **Primary Service and Ancillary Services**

INPATIENT, OUTPATIENT, SWING BED or SKILLED NURSING FACILITY

5031130 XR STERNOCLAV MIN 3 VIEW

5031130	XR STERNOCLAV MIN 3 VIEW	71130TC	320	\$ 290.00
RADIOLOGIST - not provided by facility (will be billed separately by the radiology group)				
Total of Standard Charges:				\$ 290.00

Radiology Services

Copays, deductibles and coinsurances are not factored into these charge amounts since each patient's insurance plan is unique.

Prompt Pay charge amount (70%)----->	\$ 203.00
Minimum negotiated charge amount (90%) ----->	\$ 261.00
Maximum negotiated charge amount (95%) ----->	\$ 275.50
Aetna - negotiated charge amount (94%) ----->	\$ 272.60
Anthem Blue Cross - negotiated charge amount (95%) ----->	\$ 275.50
Hometown Health - negotiated charge amount (93%) ----->	\$ 269.70
Cigna - negotiated charge amount (90%) ----->	\$ 261.00
All other insurances - non-negotiated charge amount (100%) ----->	\$ 290.00

South Lyon Medical Center -- PATIENT DISCOUNT PROGRAMS

For patients with insurance who have a patient balance after insurance has paid -----> 20% patient discount excluding copays.

For patients who do not have insurance coverage -----> 30% patient discount if paid within 60 days and 20% thereafter.

South Lyon Medical Center offers financial assistance based upon income level to uninsured and underinsured patients.

NOTE: For all shoppable services additional charges are possible based on the circumstances of each hospital/clinic visit

South Lyon Medical Center

Shoppable Services Report - Table II
(CMS-1717-F2)

Use CTRL-F to SEARCH

Shoppable Service	Primary Service and Ancillary Services	CPT Code <OR> HCPCS Code	Revenue Code	Standard Charge
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INPATIENT, OUTPATIENT, SWING BED or SKILLED NURSING FACILITY

5031150 XR ORBITS COMP MIN 4 VIEW

5031150	XR ORBITS COMP MIN 4 VIEW	70200TC	320	\$ 112.00
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RADIOLOGIST - not provided by facility (will be billed separately by the radiology group)

Total of Standard Charges: \$ 112.00

Radiology Services

Copays, deductibles and coinsurances are not factored into these charge amounts since each patient's insurance plan is unique.

Prompt Pay charge amount (70%)----->	\$ 78.40
Minimum negotiated charge amount (90%) ----->	\$ 100.80
Maximum negotiated charge amount (95%) ----->	\$ 106.40
Aetna - negotiated charge amount (94%) ----->	\$ 105.28
Anthem Blue Cross - negotiated charge amount (95%) ----->	\$ 106.40
Hometown Health - negotiated charge amount (93%) ----->	\$ 104.16
Cigna - negotiated charge amount (90%) ----->	\$ 100.80
All other insurances - non-negotiated charge amount (100%) ----->	\$ 112.00

South Lyon Medical Center -- PATIENT DISCOUNT PROGRAMS

For patients with insurance who have a patient balance after insurance has paid -----> 20% patient discount excluding copays.

For patients who do not have insurance coverage -----> 30% patient discount if paid within 60 days and 20% thereafter.

South Lyon Medical Center offers financial assistance based upon income level to uninsured and underinsured patients.

NOTE: For all shoppable services additional charges are possible based on the circumstances of each hospital/clinic visit

South Lyon Medical Center

Shoppable Services Report - Table II
(CMS-1717-F2)

Use CTRL-F to SEARCH

CPT Code
<OR>
HCPCS Code

Revenue Code

Standard Charge

Shoppable Service

Primary Service and Ancillary Services

INPATIENT, OUTPATIENT, SWING BED or SKILLED NURSING FACILITY

5032010 XR SPINE ENTIRE AP & LAT

5032010	XR SPINE ENTIRE AP & LAT	72084TC	320	\$ 557.00
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RADIOLOGIST - not provided by facility (will be billed separately by the radiology group)

Total of Standard Charges: \$ 557.00

Radiology Services

Copays, deductibles and coinsurances are not factored into these charge amounts since each patient's insurance plan is unique.

Prompt Pay charge amount (70%)----->	\$ 389.90
Minimum negotiated charge amount (90%) ----->	\$ 501.30
Maximum negotiated charge amount (95%) ----->	\$ 529.15
Aetna - negotiated charge amount (94%) ----->	\$ 523.58
Anthem Blue Cross - negotiated charge amount (95%) ----->	\$ 529.15
Hometown Health - negotiated charge amount (93%) ----->	\$ 518.01
Cigna - negotiated charge amount (90%) ----->	\$ 501.30
All other insurances - non-negotiated charge amount (100%) ----->	\$ 557.00

South Lyon Medical Center -- PATIENT DISCOUNT PROGRAMS

For patients with insurance who have a patient balance after insurance has paid -----> 20% patient discount excluding copays.

For patients who do not have insurance coverage -----> 30% patient discount if paid within 60 days and 20% thereafter.

South Lyon Medical Center offers financial assistance based upon income level to uninsured and underinsured patients.

NOTE: For all shoppable services additional charges are possible based on the circumstances of each hospital/clinic visit

South Lyon Medical Center

Shoppable Services Report - Table II
(CMS-1717-F2)

Use CTRL-F to SEARCH

CPT Code
<OR>
HCPCS Code

Revenue Code

Standard Charge

Shoppable Service

Primary Service and Ancillary Services

INPATIENT, OUTPATIENT, SWING BED or SKILLED NURSING FACILITY

5032020 XR SPINE SINGLE V

5032020	XR SPINE SINGLE V	72020TC	320	\$ 283.00
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RADIOLOGIST - not provided by facility (will be billed separately by the radiology group)

Total of Standard Charges: \$ 283.00

Radiology Services

Copays, deductibles and coinsurances are not factored into these charge amounts since each patient's insurance plan is unique.

Prompt Pay charge amount (70%)----->	\$ 198.10
Minimum negotiated charge amount (90%) ----->	\$ 254.70
Maximum negotiated charge amount (95%) ----->	\$ 268.85
Aetna - negotiated charge amount (94%) ----->	\$ 266.02
Anthem Blue Cross - negotiated charge amount (95%) ----->	\$ 268.85
Hometown Health - negotiated charge amount (93%) ----->	\$ 263.19
Cigna - negotiated charge amount (90%) ----->	\$ 254.70
All other insurances - non-negotiated charge amount (100%) ----->	\$ 283.00

South Lyon Medical Center -- PATIENT DISCOUNT PROGRAMS

For patients with insurance who have a patient balance after insurance has paid -----> 20% patient discount excluding copays.

For patients who do not have insurance coverage -----> 30% patient discount if paid within 60 days and 20% thereafter.

South Lyon Medical Center offers financial assistance based upon income level to uninsured and underinsured patients.

NOTE: For all shoppable services additional charges are possible based on the circumstances of each hospital/clinic visit

South Lyon Medical Center

Shoppable Services Report - Table II
 (CMS-1717-F2)

Use CTRL-F to SEARCH

Shoppable Service Primary Service and Ancillary Services CPT Code <OR> HCPCS Code Revenue Code Standard Charge

INPATIENT, OUTPATIENT, SWING BED or SKILLED NURSING FACILITY

5032041 XR C SPINE 2-3 VIEWS

5032041	XR C SPINE 2-3 VIEWS	72040TC	320	\$ 284.00
RADIOLOGIST - not provided by facility (will be billed separately by the radiology group)				
			Total of Standard Charges:	\$ 284.00

Radiology Services

Copays, deductibles and coinsurances are not factored into these charge amounts since each patient's insurance plan is unique.

Prompt Pay charge amount (70%)----->	\$ 198.80
Minimum negotiated charge amount (90%) ----->	\$ 255.60
Maximum negotiated charge amount (95%) ----->	\$ 269.80
Aetna - negotiated charge amount (94%) ----->	\$ 266.96
Anthem Blue Cross - negotiated charge amount (95%) ----->	\$ 269.80
Hometown Health - negotiated charge amount (93%) ----->	\$ 264.12
Cigna - negotiated charge amount (90%) ----->	\$ 255.60
All other insurances - non-negotiated charge amount (100%) ----->	\$ 284.00

South Lyon Medical Center -- PATIENT DISCOUNT PROGRAMS

For patients with insurance who have a patient balance after insurance has paid -----> 20% patient discount excluding copays.

For patients who do not have insurance coverage -----> 30% patient discount if paid within 60 days and 20% thereafter.

South Lyon Medical Center offers financial assistance based upon income level to uninsured and underinsured patients.

NOTE: For all shoppable services additional charges are possible based on the circumstances of each hospital/clinic visit

South Lyon Medical Center

Shoppable Services Report - Table II
 (CMS-1717-F2)

Use CTRL-F to SEARCH

Shoppable Service	Primary Service and Ancillary Services	CPT Code <OR> HCPCS Code	Revenue Code	Standard Charge
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INPATIENT, OUTPATIENT, SWING BED or SKILLED NURSING FACILITY

5032050 XR C SPINE MIN 4 VIEW

5032050	XR C SPINE MIN 4 VIEW	72050TC	320	\$ 443.00
RADIOLOGIST - not provided by facility (will be billed separately by the radiology group)				
Total of Standard Charges:				\$ 443.00

Radiology Services

Copays, deductibles and coinsurances are not factored into these charge amounts since each patient's insurance plan is unique.

Prompt Pay charge amount (70%)----->	\$ 310.10
Minimum negotiated charge amount (90%) ----->	\$ 398.70
Maximum negotiated charge amount (95%) ----->	\$ 420.85
Aetna - negotiated charge amount (94%) ----->	\$ 416.62
Anthem Blue Cross - negotiated charge amount (95%) ----->	\$ 420.85
Hometown Health - negotiated charge amount (93%) ----->	\$ 411.99
Cigna - negotiated charge amount (90%) ----->	\$ 398.70
All other insurances - non-negotiated charge amount (100%) ----->	\$ 443.00

South Lyon Medical Center -- PATIENT DISCOUNT PROGRAMS

For patients with insurance who have a patient balance after insurance has paid -----> 20% patient discount excluding copays.
 For patients who do not have insurance coverage -----> 30% patient discount if paid within 60 days and 20% thereafter.

South Lyon Medical Center offers financial assistance based upon income level to uninsured and underinsured patients.

NOTE: For all shoppable services additional charges are possible based on the circumstances of each hospital/clinic visit

South Lyon Medical Center

Shoppable Services Report - Table II
(CMS-1717-F2)

Use CTRL-F to SEARCH

CPT Code
<OR>
HCPCS Code

Revenue Code

Standard Charge

Shoppable Service

Primary Service and Ancillary Services

INPATIENT, OUTPATIENT, SWING BED or SKILLED NURSING FACILITY

5032052 XR C SPINE COMPLETE

5032052 XR C SPINE COMPLETE

72052TC

320

\$ 425.00

RADIOLOGIST - not provided by facility (will be billed separately by the radiology group)

Total of Standard Charges: \$ 425.00

Radiology Services

Copays, deductibles and coinsurances are not factored into these charge amounts since each patient's insurance plan is unique.

Prompt Pay charge amount (70%)----->	\$ 297.50
Minimum negotiated charge amount (90%) ----->	\$ 382.50
Maximum negotiated charge amount (95%) ----->	\$ 403.75
Aetna - negotiated charge amount (94%) ----->	\$ 399.50
Anthem Blue Cross - negotiated charge amount (95%) ----->	\$ 403.75
Hometown Health - negotiated charge amount (93%) ----->	\$ 395.25
Cigna - negotiated charge amount (90%) ----->	\$ 382.50
All other insurances - non-negotiated charge amount (100%) ----->	\$ 425.00

South Lyon Medical Center -- PATIENT DISCOUNT PROGRAMS

For patients with insurance who have a patient balance after insurance has paid -----> 20% patient discount excluding copays.

For patients who do not have insurance coverage -----> 30% patient discount if paid within 60 days and 20% thereafter.

South Lyon Medical Center offers financial assistance based upon income level to uninsured and underinsured patients.

NOTE: For all shoppable services additional charges are possible based on the circumstances of each hospital/clinic visit

South Lyon Medical Center

Shoppable Services Report - Table II
(CMS-1717-F2)

Use CTRL-F to SEARCH

Shoppable Service	Primary Service and Ancillary Services	CPT Code <OR> HCPCS Code	Revenue Code	Standard Charge
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INPATIENT, OUTPATIENT, SWING BED or SKILLED NURSING FACILITY

5032060 XR SKULL COMPLETE MIN 4 V

5032060	XR SKULL COMPLETE MIN 4 V	70260TC	320	\$ 337.00
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RADIOLOGIST - not provided by facility (will be billed separately by the radiology group)

Total of Standard Charges: \$ 337.00

Radiology Services

Copays, deductibles and coinsurances are not factored into these charge amounts since each patient's insurance plan is unique.

Prompt Pay charge amount (70%)----->	\$ 235.70
Minimum negotiated charge amount (90%) ----->	\$ 303.30
Maximum negotiated charge amount (95%) ----->	\$ 320.15
Aetna - negotiated charge amount (94%) ----->	\$ 316.78
Anthem Blue Cross - negotiated charge amount (95%) ----->	\$ 320.15
Hometown Health - negotiated charge amount (93%) ----->	\$ 313.41
Cigna - negotiated charge amount (90%) ----->	\$ 303.30
All other insurances - non-negotiated charge amount (100%) ----->	\$ 337.00

South Lyon Medical Center -- PATIENT DISCOUNT PROGRAMS

For patients with insurance who have a patient balance after insurance has paid -----> 20% patient discount excluding copays.

For patients who do not have insurance coverage -----> 30% patient discount if paid within 60 days and 20% thereafter.

South Lyon Medical Center offers financial assistance based upon income level to uninsured and underinsured patients.

NOTE: For all shoppable services additional charges are possible based on the circumstances of each hospital/clinic visit

South Lyon Medical Center

Shoppable Services Report - Table II
(CMS-1717-F2)

Use CTRL-F to SEARCH

CPT Code
<OR>
HCPCS Code

Revenue Code

Standard Charge

Shoppable Service

Primary Service and Ancillary Services

INPATIENT, OUTPATIENT, SWING BED or SKILLED NURSING FACILITY

5032070 XR THORACIC SPINE 2 VIEWS

5032070	XR THORACIC SPINE 2 VIEWS	72070TC	320	\$ 232.00
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RADIOLOGIST - not provided by facility (will be billed separately by the radiology group)

Total of Standard Charges: \$ 232.00

Radiology Services

Copays, deductibles and coinsurances are not factored into these charge amounts since each patient's insurance plan is unique.

Prompt Pay charge amount (70%)----->	\$ 162.40
Minimum negotiated charge amount (90%) ----->	\$ 208.80
Maximum negotiated charge amount (95%) ----->	\$ 220.40
Aetna - negotiated charge amount (94%) ----->	\$ 218.08
Anthem Blue Cross - negotiated charge amount (95%) ----->	\$ 220.40
Hometown Health - negotiated charge amount (93%) ----->	\$ 215.76
Cigna - negotiated charge amount (90%) ----->	\$ 208.80
All other insurances - non-negotiated charge amount (100%) ----->	\$ 232.00

South Lyon Medical Center -- PATIENT DISCOUNT PROGRAMS

For patients with insurance who have a patient balance after insurance has paid -----> 20% patient discount excluding copays.

For patients who do not have insurance coverage -----> 30% patient discount if paid within 60 days and 20% thereafter.

South Lyon Medical Center offers financial assistance based upon income level to uninsured and underinsured patients.

NOTE: For all shoppable services additional charges are possible based on the circumstances of each hospital/clinic visit

South Lyon Medical Center

Shoppable Services Report - Table II
(CMS-1717-F2)

Use CTRL-F to SEARCH

Shoppable Service	Primary Service and Ancillary Services	CPT Code <OR> HCPCS Code	Revenue Code	Standard Charge
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INPATIENT, OUTPATIENT, SWING BED or SKILLED NURSING FACILITY

5032105 XR SINUS LESS THAN 3 VIEW

5032105	XR SINUS LESS THAN 3 VIEW	70210TC	320	\$ 112.00
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RADIOLOGIST - not provided by facility (will be billed separately by the radiology group)

Total of Standard Charges: \$ 112.00

Radiology Services

Copays, deductibles and coinsurances are not factored into these charge amounts since each patient's insurance plan is unique.

Prompt Pay charge amount (70%)----->	\$ 78.40
Minimum negotiated charge amount (90%) ----->	\$ 100.80
Maximum negotiated charge amount (95%) ----->	\$ 106.40
Aetna - negotiated charge amount (94%) ----->	\$ 105.28
Anthem Blue Cross - negotiated charge amount (95%) ----->	\$ 106.40
Hometown Health - negotiated charge amount (93%) ----->	\$ 104.16
Cigna - negotiated charge amount (90%) ----->	\$ 100.80
All other insurances - non-negotiated charge amount (100%) ----->	\$ 112.00

South Lyon Medical Center -- PATIENT DISCOUNT PROGRAMS

For patients with insurance who have a patient balance after insurance has paid -----> 20% patient discount excluding copays.

For patients who do not have insurance coverage -----> 30% patient discount if paid within 60 days and 20% thereafter.

South Lyon Medical Center offers financial assistance based upon income level to uninsured and underinsured patients.

NOTE: For all shoppable services additional charges are possible based on the circumstances of each hospital/clinic visit

South Lyon Medical Center

Shoppable Services Report - Table II (CMS-1717-F2)

Use CTRL-F to SEARCH

Shoppable Service	Primary Service and Ancillary Services	CPT Code <OR> HCPCS Code	Revenue Code	Standard Charge
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INPATIENT, OUTPATIENT, SWING BED or SKILLED NURSING FACILITY

5032110 XR LS SPINE MIN 4 VIEW

5032110	XR LS SPINE MIN 4 VIEW	72110TC	320	\$ 415.00
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RADIOLOGIST - not provided by facility (will be billed separately by the radiology group)

Total of Standard Charges: \$ 415.00

CMS-Specified Shoppable Service

Radiology Services

Copays, deductibles and coinsurances are not factored into these charge amounts since each patient's insurance plan is unique.

Prompt Pay charge amount (70%)----->	\$ 290.50
Minimum negotiated charge amount (90%) ----->	\$ 373.50
Maximum negotiated charge amount (95%) ----->	\$ 394.25
Aetna - negotiated charge amount (94%) ----->	\$ 390.10
Anthem Blue Cross - negotiated charge amount (95%) ----->	\$ 324.95
Hometown Health - negotiated charge amount (93%) ----->	\$ 385.95
Cigna - negotiated charge amount (90%) ----->	\$ 373.50
All other insurances - non-negotiated charge amount (100%) ----->	\$ 415.00

South Lyon Medical Center -- PATIENT DISCOUNT PROGRAMS

For patients with insurance who have a patient balance after insurance has paid -----> 20% patient discount excluding copays.

For patients who do not have insurance coverage -----> 30% patient discount if paid within 60 days and 20% thereafter.

South Lyon Medical Center offers financial assistance based upon income level to uninsured and underinsured patients.

NOTE: For all shoppable services additional charges are possible based on the circumstances of each hospital/clinic visit

South Lyon Medical Center

Shoppable Services Report - Table II
(CMS-1717-F2)

Use CTRL-F to SEARCH

Shoppable Service	Primary Service and Ancillary Services	CPT Code <OR> HCPCS Code	Revenue Code	Standard Charge
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INPATIENT, OUTPATIENT, SWING BED or SKILLED NURSING FACILITY

5032170 XR PELVIS

5032170	XR PELVIS	72170TC	320	\$ 228.00
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RADIOLOGIST - not provided by facility (will be billed separately by the radiology group)

Total of Standard Charges: \$ 228.00

Radiology Services

Copays, deductibles and coinsurances are not factored into these charge amounts since each patient's insurance plan is unique.

Prompt Pay charge amount (70%)----->	\$ 159.60
Minimum negotiated charge amount (90%) ----->	\$ 205.20
Maximum negotiated charge amount (95%) ----->	\$ 216.60
Aetna - negotiated charge amount (94%) ----->	\$ 214.32
Anthem Blue Cross - negotiated charge amount (95%) ----->	\$ 216.60
Hometown Health - negotiated charge amount (93%) ----->	\$ 212.04
Cigna - negotiated charge amount (90%) ----->	\$ 205.20
All other insurances - non-negotiated charge amount (100%) ----->	\$ 228.00

South Lyon Medical Center -- PATIENT DISCOUNT PROGRAMS

For patients with insurance who have a patient balance after insurance has paid -----> 20% patient discount excluding copays.

For patients who do not have insurance coverage -----> 30% patient discount if paid within 60 days and 20% thereafter.

South Lyon Medical Center offers financial assistance based upon income level to uninsured and underinsured patients.

NOTE: For all shoppable services additional charges are possible based on the circumstances of each hospital/clinic visit

South Lyon Medical Center

Shoppable Services Report - Table II
(CMS-1717-F2)

Use CTRL-F to SEARCH

CPT Code
<OR>
HCPCS Code

Revenue Code

Standard Charge

Shoppable Service

Primary Service and Ancillary Services

INPATIENT, OUTPATIENT, SWING BED or SKILLED NURSING FACILITY

5032190 XR PELVIS COMP MIN 3 VIEW

5032190	XR PELVIS COMP MIN 3 VIEW	72190TC	320	\$ 172.00
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RADIOLOGIST - not provided by facility (will be billed separately by the radiology group)

Total of Standard Charges: \$ 172.00

Radiology Services

Copays, deductibles and coinsurances are not factored into these charge amounts since each patient's insurance plan is unique.

Prompt Pay charge amount (70%)----->	\$ 120.40
Minimum negotiated charge amount (90%) ----->	\$ 154.80
Maximum negotiated charge amount (95%) ----->	\$ 163.40
Aetna - negotiated charge amount (94%) ----->	\$ 161.68
Anthem Blue Cross - negotiated charge amount (95%) ----->	\$ 163.40
Hometown Health - negotiated charge amount (93%) ----->	\$ 159.96
Cigna - negotiated charge amount (90%) ----->	\$ 154.80
All other insurances - non-negotiated charge amount (100%) ----->	\$ 172.00

South Lyon Medical Center -- PATIENT DISCOUNT PROGRAMS

For patients with insurance who have a patient balance after insurance has paid -----> 20% patient discount excluding copays.

For patients who do not have insurance coverage -----> 30% patient discount if paid within 60 days and 20% thereafter.

South Lyon Medical Center offers financial assistance based upon income level to uninsured and underinsured patients.

NOTE: For all shoppable services additional charges are possible based on the circumstances of each hospital/clinic visit

South Lyon Medical Center

Shoppable Services Report - Table II
(CMS-1717-F2)

Use CTRL-F to SEARCH

Shoppable Service	Primary Service and Ancillary Services	CPT Code <OR> HCPCS Code	Revenue Code	Standard Charge
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INPATIENT, OUTPATIENT, SWING BED or SKILLED NURSING FACILITY

5032202 XR SI JTS 3 OR MORE VIEWS

5032202	XR SI JTS 3 OR MORE VIEWS	72202TC	320	\$ 209.00
RADIOLOGIST - not provided by facility (will be billed separately by the radiology group)				
Total of Standard Charges:				\$ 209.00

Radiology Services

Copays, deductibles and coinsurances are not factored into these charge amounts since each patient's insurance plan is unique.

Prompt Pay charge amount (70%)----->	\$ 146.30
Minimum negotiated charge amount (90%) ----->	\$ 188.10
Maximum negotiated charge amount (95%) ----->	\$ 198.55
Aetna - negotiated charge amount (94%) ----->	\$ 196.46
Anthem Blue Cross - negotiated charge amount (95%) ----->	\$ 198.55
Hometown Health - negotiated charge amount (93%) ----->	\$ 194.37
Cigna - negotiated charge amount (90%) ----->	\$ 188.10
All other insurances - non-negotiated charge amount (100%) ----->	\$ 209.00

South Lyon Medical Center -- PATIENT DISCOUNT PROGRAMS

For patients with insurance who have a patient balance after insurance has paid -----> 20% patient discount excluding copays.

For patients who do not have insurance coverage -----> 30% patient discount if paid within 60 days and 20% thereafter.

South Lyon Medical Center offers financial assistance based upon income level to uninsured and underinsured patients.

NOTE: For all shoppable services additional charges are possible based on the circumstances of each hospital/clinic visit

South Lyon Medical Center

Shoppable Services Report - Table II
(CMS-1717-F2)

Use CTRL-F to SEARCH

Shoppable Service	Primary Service and Ancillary Services	CPT Code <OR> HCPCS Code	Revenue Code	Standard Charge
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INPATIENT, OUTPATIENT, SWING BED or SKILLED NURSING FACILITY

5032221 XR SACRUM/COCCYX MIN 2 VIEW

5032221	XR SACRUM/COCCYX MIN 2 VIEW	72220TC	320	\$ 248.00
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RADIOLOGIST - not provided by facility (will be billed separately by the radiology group)

Total of Standard Charges: \$ 248.00

Radiology Services

Copays, deductibles and coinsurances are not factored into these charge amounts since each patient's insurance plan is unique.

Prompt Pay charge amount (70%)----->	\$ 173.60
Minimum negotiated charge amount (90%) ----->	\$ 223.20
Maximum negotiated charge amount (95%) ----->	\$ 235.60
Aetna - negotiated charge amount (94%) ----->	\$ 233.12
Anthem Blue Cross - negotiated charge amount (95%) ----->	\$ 235.60
Hometown Health - negotiated charge amount (93%) ----->	\$ 230.64
Cigna - negotiated charge amount (90%) ----->	\$ 223.00
All other insurances - non-negotiated charge amount (100%) ----->	\$ 248.00

South Lyon Medical Center -- PATIENT DISCOUNT PROGRAMS

For patients with insurance who have a patient balance after insurance has paid -----> 20% patient discount excluding copays.

For patients who do not have insurance coverage -----> 30% patient discount if paid within 60 days and 20% thereafter.

South Lyon Medical Center offers financial assistance based upon income level to uninsured and underinsured patients.

NOTE: For all shoppable services additional charges are possible based on the circumstances of each hospital/clinic visit

South Lyon Medical Center

Shoppable Services Report - Table II
 (CMS-1717-F2)

Use CTRL-F to SEARCH

CPT Code
 <OR>
HCPCS Code

Revenue Code

Standard Charge

Shoppable Service **Primary Service and Ancillary Services**

INPATIENT, OUTPATIENT, SWING BED or SKILLED NURSING FACILITY

5033001 XR WRIST 1 V RT

5033001	XR WRIST 1 V RT	73100TC	320	\$ 112.00
RADIOLOGIST - not provided by facility (will be billed separately by the radiology group)				
Total of Standard Charges:				\$ 112.00

Radiology Services

Copays, deductibles and coinsurances are not factored into these charge amounts since each patient's insurance plan is unique.

Prompt Pay charge amount (70%)----->	\$ 78.40
Minimum negotiated charge amount (90%) ----->	\$ 100.80
Maximum negotiated charge amount (95%) ----->	\$ 106.40
Aetna - negotiated charge amount (94%) ----->	\$ 105.28
Anthem Blue Cross - negotiated charge amount (95%) ----->	\$ 106.40
Hometown Health - negotiated charge amount (93%) ----->	\$ 104.16
Cigna - negotiated charge amount (90%) ----->	\$ 100.80
All other insurances - non-negotiated charge amount (100%) ----->	\$ 112.00

South Lyon Medical Center -- PATIENT DISCOUNT PROGRAMS

For patients with insurance who have a patient balance after insurance has paid -----> 20% patient discount excluding copays.

For patients who do not have insurance coverage -----> 30% patient discount if paid within 60 days and 20% thereafter.

South Lyon Medical Center offers financial assistance based upon income level to uninsured and underinsured patients.

NOTE: For all shoppable services additional charges are possible based on the circumstances of each hospital/clinic visit

South Lyon Medical Center

Shoppable Services Report - Table II
(CMS-1717-F2)

Use CTRL-F to SEARCH

Shoppable Service	Primary Service and Ancillary Services	CPT Code <OR> HCPCS Code	Revenue Code	Standard Charge
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INPATIENT, OUTPATIENT, SWING BED or SKILLED NURSING FACILITY

5033011 XR SCAPULA RT

5033011	XR SCAPULA RT	73010TC	320	\$ 248.00
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RADIOLOGIST - not provided by facility (will be billed separately by the radiology group)

Total of Standard Charges: \$ 248.00

Radiology Services

Copays, deductibles and coinsurances are not factored into these charge amounts since each patient's insurance plan is unique.

Prompt Pay charge amount (70%)----->	\$ 173.60
Minimum negotiated charge amount (90%) ----->	\$ 223.20
Maximum negotiated charge amount (95%) ----->	\$ 235.60
Aetna - negotiated charge amount (94%) ----->	\$ 233.12
Anthem Blue Cross - negotiated charge amount (95%) ----->	\$ 235.60
Hometown Health - negotiated charge amount (93%) ----->	\$ 230.64
Cigna - negotiated charge amount (90%) ----->	\$ 223.00
All other insurances - non-negotiated charge amount (100%) ----->	\$ 248.00

South Lyon Medical Center -- PATIENT DISCOUNT PROGRAMS

For patients with insurance who have a patient balance after insurance has paid -----> 20% patient discount excluding copays.

For patients who do not have insurance coverage -----> 30% patient discount if paid within 60 days and 20% thereafter.

South Lyon Medical Center offers financial assistance based upon income level to uninsured and underinsured patients.

NOTE: For all shoppable services additional charges are possible based on the circumstances of each hospital/clinic visit

South Lyon Medical Center

Shoppable Services Report - Table II
(CMS-1717-F2)

Use CTRL-F to SEARCH

CPT Code
<OR>
HCPCS Code

Revenue Code

Standard Charge

Shoppable Service

Primary Service and Ancillary Services

INPATIENT, OUTPATIENT, SWING BED or SKILLED NURSING FACILITY

5033020 XR SHOULDER 1 VIEW LT

5033020 XR SHOULDER 1 VIEW LT

73020TC

320

\$ 251.00

RADIOLOGIST - not provided by facility (will be billed separately by the radiology group)

Total of Standard Charges: \$ 251.00

Radiology Services

Copays, deductibles and coinsurances are not factored into these charge amounts since each patient's insurance plan is unique.

Prompt Pay charge amount (70%)----->	\$ 175.70
Minimum negotiated charge amount (90%) ----->	\$ 225.90
Maximum negotiated charge amount (95%) ----->	\$ 238.45
Aetna - negotiated charge amount (94%) ----->	\$ 235.94
Anthem Blue Cross - negotiated charge amount (95%) ----->	\$ 238.4
Hometown Health - negotiated charge amount (93%) ----->	\$ 233.43
Cigna - negotiated charge amount (90%) ----->	\$ 225.90
All other insurances - non-negotiated charge amount (100%) ----->	\$ 251.00

South Lyon Medical Center -- PATIENT DISCOUNT PROGRAMS

For patients with insurance who have a patient balance after insurance has paid -----> 20% patient discount excluding copays.

For patients who do not have insurance coverage -----> 30% patient discount if paid within 60 days and 20% thereafter.

South Lyon Medical Center offers financial assistance based upon income level to uninsured and underinsured patients.

NOTE: For all shoppable services additional charges are possible based on the circumstances of each hospital/clinic visit

South Lyon Medical Center

Shoppable Services Report - Table II
 (CMS-1717-F2)

Use CTRL-F to SEARCH

CPT Code
 <OR>
HCPCS Code

Revenue Code

Standard Charge

Shoppable Service **Primary Service and Ancillary Services**

INPATIENT, OUTPATIENT, SWING BED or SKILLED NURSING FACILITY

5033030 XR SHOULDER COMPLETE LT

5033030	XR SHOULDER COMPLETE LT	73030TC	320	\$ 270.00
RADIOLOGIST - not provided by facility (will be billed separately by the radiology group)				
Total of Standard Charges:				\$ 270.00

Radiology Services

Copays, deductibles and coinsurances are not factored into these charge amounts since each patient's insurance plan is unique.

Prompt Pay charge amount (70%)----->	\$ 189.00
Minimum negotiated charge amount (90%) ----->	\$ 243.00
Maximum negotiated charge amount (95%) ----->	\$ 256.50
Aetna - negotiated charge amount (94%) ----->	\$ 253.80
Anthem Blue Cross - negotiated charge amount (95%) ----->	\$ 256.50
Hometown Health - negotiated charge amount (93%) ----->	\$ 251.10
Cigna - negotiated charge amount (90%) ----->	\$ 243.00
All other insurances - non-negotiated charge amount (100%) ----->	\$ 270.00

South Lyon Medical Center -- PATIENT DISCOUNT PROGRAMS

For patients with insurance who have a patient balance after insurance has paid -----> 20% patient discount excluding copays.

For patients who do not have insurance coverage -----> 30% patient discount if paid within 60 days and 20% thereafter.

South Lyon Medical Center offers financial assistance based upon income level to uninsured and underinsured patients.

NOTE: For all shoppable services additional charges are possible based on the circumstances of each hospital/clinic visit

South Lyon Medical Center

Shoppable Services Report - Table II
(CMS-1717-F2)

Use CTRL-F to SEARCH

CPT Code
<OR>
HCPCS Code

Revenue Code

Standard Charge

Shoppable Service

Primary Service and Ancillary Services

INPATIENT, OUTPATIENT, SWING BED or SKILLED NURSING FACILITY

5033050 XR AC JTS (2V)

5033050 XR AC JTS (2V)

73050TC

320

\$ 257.00

RADIOLOGIST - not provided by facility (will be billed separately by the radiology group)

Total of Standard Charges:

\$ 257.00

Radiology Services

Copays, deductibles and coinsurances are not factored into these charge amounts since each patient's insurance plan is unique.

Prompt Pay charge amount (70%)----->	\$ 179.90
Minimum negotiated charge amount (90%) ----->	\$ 231.30
Maximum negotiated charge amount (95%) ----->	\$ 244.15
Aetna - negotiated charge amount (94%) ----->	\$ 241.58
Anthem Blue Cross - negotiated charge amount (95%) ----->	\$ 244.15
Hometown Health - negotiated charge amount (93%) ----->	\$ 239.01
Cigna - negotiated charge amount (90%) ----->	\$ 231.30
All other insurances - non-negotiated charge amount (100%) ----->	\$ 257.00

South Lyon Medical Center -- PATIENT DISCOUNT PROGRAMS

For patients with insurance who have a patient balance after insurance has paid -----> 20% patient discount excluding copays.

For patients who do not have insurance coverage -----> 30% patient discount if paid within 60 days and 20% thereafter.

South Lyon Medical Center offers financial assistance based upon income level to uninsured and underinsured patients.

NOTE: For all shoppable services additional charges are possible based on the circumstances of each hospital/clinic visit

South Lyon Medical Center

Shoppable Services Report - Table II
(CMS-1717-F2)

Use CTRL-F to SEARCH

CPT Code
<OR>
HCPCS Code

Revenue Code

Standard Charge

Shoppable Service

Primary Service and Ancillary Services

INPATIENT, OUTPATIENT, SWING BED or SKILLED NURSING FACILITY

5033060 XR HUMERUS MIN 2 VIEWS LT

5033060	XR HUMERUS MIN 2 VIEWS LT	73060TC	320	\$ 239.00
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RADIOLOGIST - not provided by facility (will be billed separately by the radiology group)

Total of Standard Charges: \$ 239.00

Radiology Services

Copays, deductibles and coinsurances are not factored into these charge amounts since each patient's insurance plan is unique.

Prompt Pay charge amount (70%)----->	\$ 167.30
Minimum negotiated charge amount (90%) ----->	\$ 215.10
Maximum negotiated charge amount (95%) ----->	\$ 227.05
Aetna - negotiated charge amount (94%) ----->	\$ 224.66
Anthem Blue Cross - negotiated charge amount (95%) ----->	\$ 227.05
Hometown Health - negotiated charge amount (93%) ----->	\$ 222.27
Cigna - negotiated charge amount (90%) ----->	\$ 215.10
All other insurances - non-negotiated charge amount (100%) ----->	\$ 239.00

South Lyon Medical Center -- PATIENT DISCOUNT PROGRAMS

For patients with insurance who have a patient balance after insurance has paid -----> 20% patient discount excluding copays.

For patients who do not have insurance coverage -----> 30% patient discount if paid within 60 days and 20% thereafter.

South Lyon Medical Center offers financial assistance based upon income level to uninsured and underinsured patients.

NOTE: For all shoppable services additional charges are possible based on the circumstances of each hospital/clinic visit

South Lyon Medical Center

Shoppable Services Report - Table II
(CMS-1717-F2)

Use CTRL-F to SEARCH

CPT Code
<OR>
HCPCS Code

Revenue Code

Standard Charge

Shoppable Service

Primary Service and Ancillary Services

INPATIENT, OUTPATIENT, SWING BED or SKILLED NURSING FACILITY

5033071 XR ELBOW 2 VIEW LT

5033071 XR ELBOW 2 VIEW LT

73070TC

320

\$ 206.00

RADIOLOGIST - not provided by facility (will be billed separately by the radiology group)

Total of Standard Charges: \$ 206.00

Radiology Services

Copays, deductibles and coinsurances are not factored into these charge amounts since each patient's insurance plan is unique.

Prompt Pay charge amount (70%)----->	\$ 144.20
Minimum negotiated charge amount (90%) ----->	\$ 185.40
Maximum negotiated charge amount (95%) ----->	\$ 195.70
Aetna - negotiated charge amount (94%) ----->	\$ 193.64
Anthem Blue Cross - negotiated charge amount (95%) ----->	\$ 195.70
Hometown Health - negotiated charge amount (93%) ----->	\$ 191.58
Cigna - negotiated charge amount (90%) ----->	\$ 185.40
All other insurances - non-negotiated charge amount (100%) ----->	\$ 206.00

South Lyon Medical Center -- PATIENT DISCOUNT PROGRAMS

For patients with insurance who have a patient balance after insurance has paid -----> 20% patient discount excluding copays.

For patients who do not have insurance coverage -----> 30% patient discount if paid within 60 days and 20% thereafter.

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NOTE: For all shoppable services additional charges are possible based on the circumstances of each hospital/clinic visit

South Lyon Medical Center

Shoppable Services Report - Table II
(CMS-1717-F2)

Use CTRL-F to SEARCH

CPT Code
<OR>
HCPCS Code

Shoppable Service

Primary Service and Ancillary Services

Revenue Code

Standard Charge

INPATIENT, OUTPATIENT, SWING BED or SKILLED NURSING FACILITY

5033080 XR ELBOW COMP MIN 3 VIEW LT

5033080	XR ELBOW COMP MIN 3 VIEW LT	73080TC	320	\$ 248.00
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RADIOLOGIST - not provided by facility (will be billed separately by the radiology group)

Total of Standard Charges: \$ 248.00

Radiology Services

Copays, deductibles and coinsurances are not factored into these charge amounts since each patient's insurance plan is unique.

Prompt Pay charge amount (70%)----->	\$ 173.60
Minimum negotiated charge amount (90%) ----->	\$ 223.20
Maximum negotiated charge amount (95%) ----->	\$ 235.60
Aetna - negotiated charge amount (94%) ----->	\$ 233.12
Anthem Blue Cross - negotiated charge amount (95%) ----->	\$ 235.60
Hometown Health - negotiated charge amount (93%) ----->	\$ 230.64
Cigna - negotiated charge amount (90%) ----->	\$ 223.20
All other insurances - non-negotiated charge amount (100%) ----->	\$ 242.00

South Lyon Medical Center -- PATIENT DISCOUNT PROGRAMS

For patients with insurance who have a patient balance after insurance has paid -----> 20% patient discount excluding copays.

For patients who do not have insurance coverage -----> 30% patient discount if paid within 60 days and 20% thereafter.

South Lyon Medical Center offers financial assistance based upon income level to uninsured and underinsured patients.

NOTE: For all shoppable services additional charges are possible based on the circumstances of each hospital/clinic visit

South Lyon Medical Center

Shoppable Services Report - Table II
(CMS-1717-F2)

Use CTRL-F to SEARCH

CPT Code
<OR>
HCPCS Code

Revenue Code

Standard Charge

Shoppable Service

Primary Service and Ancillary Services

INPATIENT, OUTPATIENT, SWING BED or SKILLED NURSING FACILITY

5033091 XR FOREARM 2 VIEWS LT

5033091	XR FOREARM 2 VIEWS LT	73090TC	320	\$ 218.00
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RADIOLOGIST - not provided by facility (will be billed separately by the radiology group)

Total of Standard Charges: \$ 218.00

Radiology Services

Copays, deductibles and coinsurances are not factored into these charge amounts since each patient's insurance plan is unique.

Prompt Pay charge amount (70%)----->	\$ 152.60
Minimum negotiated charge amount (90%) ----->	\$ 196.20
Maximum negotiated charge amount (95%) ----->	\$ 207.10
Aetna - negotiated charge amount (94%) ----->	\$ 204.92
Anthem Blue Cross - negotiated charge amount (95%) ----->	\$ 207.10
Hometown Health - negotiated charge amount (93%) ----->	\$ 202.74
Cigna - negotiated charge amount (90%) ----->	\$ 196.20
All other insurances - non-negotiated charge amount (100%) ----->	\$ 218.00

South Lyon Medical Center -- PATIENT DISCOUNT PROGRAMS

For patients with insurance who have a patient balance after insurance has paid -----> 20% patient discount excluding copays.

For patients who do not have insurance coverage -----> 30% patient discount if paid within 60 days and 20% thereafter.

South Lyon Medical Center offers financial assistance based upon income level to uninsured and underinsured patients.

NOTE: For all shoppable services additional charges are possible based on the circumstances of each hospital/clinic visit

South Lyon Medical Center

Shoppable Services Report - Table II
(CMS-1717-F2)

Use CTRL-F to SEARCH

CPT Code
<OR>
HCPCS Code

Revenue Code

Standard Charge

Shoppable Service

Primary Service and Ancillary Services

INPATIENT, OUTPATIENT, SWING BED or SKILLED NURSING FACILITY

5033099 XR INFANT UPPER EXT 2 V MIN LT

5033099	XR INFANT UPPER EXT 2 V MIN LT	73092TC	320	\$ 112.00
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RADIOLOGIST - not provided by facility (will be billed separately by the radiology group)

Total of Standard Charges: \$ 112.00

Radiology Services

Copays, deductibles and coinsurances are not factored into these charge amounts since each patient's insurance plan is unique.

Prompt Pay charge amount (70%)----->	\$ 78.40
Minimum negotiated charge amount (90%) ----->	\$ 100.80
Maximum negotiated charge amount (95%) ----->	\$ 106.40
Aetna - negotiated charge amount (94%) ----->	\$ 105.28
Anthem Blue Cross - negotiated charge amount (95%) ----->	\$ 106.40
Hometown Health - negotiated charge amount (93%) ----->	\$ 104.16
Cigna - negotiated charge amount (90%) ----->	\$ 100.80
All other insurances - non-negotiated charge amount (100%) ----->	\$ 112.00

South Lyon Medical Center -- PATIENT DISCOUNT PROGRAMS

For patients with insurance who have a patient balance after insurance has paid -----> 20% patient discount excluding copays.

For patients who do not have insurance coverage -----> 30% patient discount if paid within 60 days and 20% thereafter.

South Lyon Medical Center offers financial assistance based upon income level to uninsured and underinsured patients.

NOTE: For all shoppable services additional charges are possible based on the circumstances of each hospital/clinic visit

South Lyon Medical Center

Shoppable Services Report - Table II
(CMS-1717-F2)

Use CTRL-F to SEARCH

CPT Code
<OR>
HCPCS Code

Revenue Code

Standard Charge

Shoppable Service

Primary Service and Ancillary Services

INPATIENT, OUTPATIENT, SWING BED or SKILLED NURSING FACILITY

5033110 XR WRIST COMP MIN 3 V LT

5033110	XR WRIST COMP MIN 3 V LT	73110TC	320	\$ 272.00
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RADIOLOGIST - not provided by facility (will be billed separately by the radiology group)

Total of Standard Charges: \$ 272.00

Radiology Services

Copays, deductibles and coinsurances are not factored into these charge amounts since each patient's insurance plan is unique.

Prompt Pay charge amount (70%)----->	\$ 190.40
Minimum negotiated charge amount (90%) ----->	\$ 244.80
Maximum negotiated charge amount (95%) ----->	\$ 258.40
Aetna - negotiated charge amount (94%) ----->	\$ 255.68
Anthem Blue Cross - negotiated charge amount (95%) ----->	\$ 258.40
Hometown Health - negotiated charge amount (93%) ----->	\$ 246.45
Cigna - negotiated charge amount (90%) ----->	\$ 244.80
All other insurances - non-negotiated charge amount (100%) ----->	\$ 272.00

South Lyon Medical Center -- PATIENT DISCOUNT PROGRAMS

For patients with insurance who have a patient balance after insurance has paid -----> 20% patient discount excluding copays.

For patients who do not have insurance coverage -----> 30% patient discount if paid within 60 days and 20% thereafter.

South Lyon Medical Center offers financial assistance based upon income level to uninsured and underinsured patients.

NOTE: For all shoppable services additional charges are possible based on the circumstances of each hospital/clinic visit

South Lyon Medical Center

Shoppable Services Report - Table II
(CMS-1717-F2)

Use CTRL-F to SEARCH

Shoppable Service	Primary Service and Ancillary Services	CPT Code <OR> HCPCS Code	Revenue Code	Standard Charge
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INPATIENT, OUTPATIENT, SWING BED or SKILLED NURSING FACILITY

5033113 XR CLAVICLE LT

5033113	XR CLAVICLE LT	73000LT	350	\$ 196.00
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RADIOLOGIST - not provided by facility (will be billed separately by the radiology group)

Total of Standard Charges: \$ 196.00

Radiology Services

Copays, deductibles and coinsurances are not factored into these charge amounts since each patient's insurance plan is unique.

Prompt Pay charge amount (70%)----->	\$ 137.20
Minimum negotiated charge amount (90%) ----->	\$ 176.40
Maximum negotiated charge amount (95%) ----->	\$ 186.20
Aetna - negotiated charge amount (94%) ----->	\$ 184.24
Anthem Blue Cross - negotiated charge amount (95%) ----->	\$ 186.20
Hometown Health - negotiated charge amount (93%) ----->	\$ 182.28
Cigna - negotiated charge amount (90%) ----->	\$ 176.40
All other insurances - non-negotiated charge amount (100%) ----->	\$ 191.00

South Lyon Medical Center -- PATIENT DISCOUNT PROGRAMS

For patients with insurance who have a patient balance after insurance has paid -----> 20% patient discount excluding copays.

For patients who do not have insurance coverage -----> 30% patient discount if paid within 60 days and 20% thereafter.

South Lyon Medical Center offers financial assistance based upon income level to uninsured and underinsured patients.

NOTE: For all shoppable services additional charges are possible based on the circumstances of each hospital/clinic visit

South Lyon Medical Center

Shoppable Services Report - Table II
(CMS-1717-F2)

Use CTRL-F to SEARCH

CPT Code
<OR>
HCPCS Code

Revenue Code

Standard Charge

Shoppable Service

Primary Service and Ancillary Services

INPATIENT, OUTPATIENT, SWING BED or SKILLED NURSING FACILITY

5033120 XR HAND 2 VIEWS LT

5033120 XR HAND 2 VIEWS LT

73120TC

320

\$ 251.00

RADIOLOGIST - not provided by facility (will be billed separately by the radiology group)

Total of Standard Charges:

\$ 251.00

Radiology Services

Copays, deductibles and coinsurances are not factored into these charge amounts since each patient's insurance plan is unique.

Prompt Pay charge amount (70%)----->	\$ 175.70
Minimum negotiated charge amount (90%) ----->	\$ 225.90
Maximum negotiated charge amount (95%) ----->	\$ 238.45
Aetna - negotiated charge amount (94%) ----->	\$ 235.94
Anthem Blue Cross - negotiated charge amount (95%) ----->	\$ 238.45
Hometown Health - negotiated charge amount (93%) ----->	\$ 233.43
Cigna - negotiated charge amount (90%) ----->	\$ 225.90
All other insurances - non-negotiated charge amount (100%) ----->	\$ 251.00

South Lyon Medical Center -- PATIENT DISCOUNT PROGRAMS

For patients with insurance who have a patient balance after insurance has paid -----> 20% patient discount excluding copays.

For patients who do not have insurance coverage -----> 30% patient discount if paid within 60 days and 20% thereafter.

South Lyon Medical Center offers financial assistance based upon income level to uninsured and underinsured patients.

NOTE: For all shoppable services additional charges are possible based on the circumstances of each hospital/clinic visit

South Lyon Medical Center

Shoppable Services Report - Table II
 (CMS-1717-F2)

Use CTRL-F to SEARCH

CPT Code
 <OR>
HCPCS Code

Revenue Code

Standard Charge

Shoppable Service

Primary Service and Ancillary Services

INPATIENT, OUTPATIENT, SWING BED or SKILLED NURSING FACILITY

5033130 XR HAND MIN 3 VIEW LT

5033130	XR HAND MIN 3 VIEW LT	73130TC	320	\$ 238.00
RADIOLOGIST - not provided by facility (will be billed separately by the radiology group)				
Total of Standard Charges:				\$ 238.00

Radiology Services

Copays, deductibles and coinsurances are not factored into these charge amounts since each patient's insurance plan is unique.

Prompt Pay charge amount (70%)----->	\$ 166.60
Minimum negotiated charge amount (90%) ----->	\$ 214.20
Maximum negotiated charge amount (95%) ----->	\$ 226.10
Aetna - negotiated charge amount (94%) ----->	\$ 223.72
Anthem Blue Cross - negotiated charge amount (95%) ----->	\$ 226.10
Hometown Health - negotiated charge amount (93%) ----->	\$ 221.34
Cigna - negotiated charge amount (90%) ----->	\$ 214.20
All other insurances - non-negotiated charge amount (100%) ----->	\$ 238.00

South Lyon Medical Center -- PATIENT DISCOUNT PROGRAMS

For patients with insurance who have a patient balance after insurance has paid -----> 20% patient discount excluding copays.
 For patients who do not have insurance coverage -----> 30% patient discount if paid within 60 days and 20% thereafter.

South Lyon Medical Center offers financial assistance based upon income level to uninsured and underinsured patients.

NOTE: For all shoppable services additional charges are possible based on the circumstances of each hospital/clinic visit

South Lyon Medical Center

Shoppable Services Report - Table II
(CMS-1717-F2)

Use CTRL-F to SEARCH

CPT Code
<OR>
HCPCS Code

Revenue Code

Standard Charge

Shoppable Service

Primary Service and Ancillary Services

INPATIENT, OUTPATIENT, SWING BED or SKILLED NURSING FACILITY

5033141 XR FINGER(S) MIN 2 VIEW LT

5033141	XR FINGER(S) MIN 2 VIEW LT	73140TC	320	\$ 169.00
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RADIOLOGIST - not provided by facility (will be billed separately by the radiology group)

Total of Standard Charges: \$ 169.00

Radiology Services

Copays, deductibles and coinsurances are not factored into these charge amounts since each patient's insurance plan is unique.

Prompt Pay charge amount (70%)----->	\$ 118.30
Minimum negotiated charge amount (90%) ----->	\$ 152.10
Maximum negotiated charge amount (95%) ----->	\$ 160.55
Aetna - negotiated charge amount (94%) ----->	\$ 158.86
Anthem Blue Cross - negotiated charge amount (95%) ----->	\$ 160.55
Hometown Health - negotiated charge amount (93%) ----->	\$ 157.17
Cigna - negotiated charge amount (90%) ----->	\$ 152.10
All other insurances - non-negotiated charge amount (100%) ----->	\$ 169.00

South Lyon Medical Center -- PATIENT DISCOUNT PROGRAMS

For patients with insurance who have a patient balance after insurance has paid -----> 20% patient discount excluding copays.

For patients who do not have insurance coverage -----> 30% patient discount if paid within 60 days and 20% thereafter.

South Lyon Medical Center offers financial assistance based upon income level to uninsured and underinsured patients.

NOTE: For all shoppable services additional charges are possible based on the circumstances of each hospital/clinic visit

South Lyon Medical Center

Shoppable Services Report - Table II
(CMS-1717-F2)

Use CTRL-F to SEARCH

Shoppable Service	Primary Service and Ancillary Services	CPT Code <OR> HCPCS Code	Revenue Code	Standard Charge
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INPATIENT, OUTPATIENT, SWING BED or SKILLED NURSING FACILITY

5033510 XR HIP UNILAT MIN 2 V LT

5033510	XR HIP UNILAT MIN 2 V LT	73502TC	320	\$ 291.00
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RADIOLOGIST - not provided by facility (will be billed separately by the radiology group)

Total of Standard Charges: \$ 291.00

Radiology Services

Copays, deductibles and coinsurances are not factored into these charge amounts since each patient's insurance plan is unique.

Prompt Pay charge amount (70%)----->	\$ 203.70
Minimum negotiated charge amount (90%) ----->	\$ 261.90
Maximum negotiated charge amount (95%) ----->	\$ 276.45
Aetna - negotiated charge amount (94%) ----->	\$ 273.54
Anthem Blue Cross - negotiated charge amount (95%) ----->	\$ 276.45
Hometown Health - negotiated charge amount (93%) ----->	\$ 270.63
Cigna - negotiated charge amount (90%) ----->	\$ 261.90
All other insurances - non-negotiated charge amount (100%) ----->	\$ 291.00

South Lyon Medical Center -- PATIENT DISCOUNT PROGRAMS

For patients with insurance who have a patient balance after insurance has paid -----> 20% patient discount excluding copays.

For patients who do not have insurance coverage -----> 30% patient discount if paid within 60 days and 20% thereafter.

South Lyon Medical Center offers financial assistance based upon income level to uninsured and underinsured patients.

NOTE: For all shoppable services additional charges are possible based on the circumstances of each hospital/clinic visit

South Lyon Medical Center

Shoppable Services Report - Table II
(CMS-1717-F2)

Use CTRL-F to SEARCH

CPT Code
<OR>
HCPCS Code

Revenue Code

Standard Charge

Shoppable Service

Primary Service and Ancillary Services

INPATIENT, OUTPATIENT, SWING BED or SKILLED NURSING FACILITY

5033520 XR HIPS BILAT/PELVIS 5 V

5033520	XR HIPS BILAT/PELVIS 5 V	73503TC	320	\$ 315.00
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RADIOLOGIST - not provided by facility (will be billed separately by the radiology group)

Total of Standard Charges: \$ 315.00

Radiology Services

Copays, deductibles and coinsurances are not factored into these charge amounts since each patient's insurance plan is unique.

Prompt Pay charge amount (70%)----->	\$ 220.50
Minimum negotiated charge amount (90%) ----->	\$ 283.50
Maximum negotiated charge amount (95%) ----->	\$ 299.25
Aetna - negotiated charge amount (94%) ----->	\$ 296.10
Anthem Blue Cross - negotiated charge amount (95%) ----->	\$ 299.25
Hometown Health - negotiated charge amount (93%) ----->	\$ 292.95
Cigna - negotiated charge amount (90%) ----->	\$ 283.50
All other insurances - non-negotiated charge amount (100%) ----->	\$ 315.00

South Lyon Medical Center -- PATIENT DISCOUNT PROGRAMS

For patients with insurance who have a patient balance after insurance has paid -----> 20% patient discount excluding copays.

For patients who do not have insurance coverage -----> 30% patient discount if paid within 60 days and 20% thereafter.

South Lyon Medical Center offers financial assistance based upon income level to uninsured and underinsured patients.

NOTE: For all shoppable services additional charges are possible based on the circumstances of each hospital/clinic visit

South Lyon Medical Center

Shoppable Services Report - Table II
(CMS-1717-F2)

Use CTRL-F to SEARCH

Shoppable Service	Primary Service and Ancillary Services	CPT Code <OR> HCPCS Code	Revenue Code	Standard Charge
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INPATIENT, OUTPATIENT, SWING BED or SKILLED NURSING FACILITY

5033550 XR FEMUR L 2V

5033550	XR FEMUR L 2V	73552TC	320	\$ 280.00
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RADIOLOGIST - not provided by facility (will be billed separately by the radiology group)

Total of Standard Charges: \$ 280.00

Radiology Services

Copays, deductibles and coinsurances are not factored into these charge amounts since each patient's insurance plan is unique.

Prompt Pay charge amount (70%)----->	\$ 196.00
Minimum negotiated charge amount (90%) ----->	\$ 252.00
Maximum negotiated charge amount (95%) ----->	\$ 266.00
Aetna - negotiated charge amount (94%) ----->	\$ 263.20
Anthem Blue Cross - negotiated charge amount (95%) ----->	\$ 266.00
Hometown Health - negotiated charge amount (93%) ----->	\$ 260.40
Cigna - negotiated charge amount (90%) ----->	\$ 252.00
All other insurances - non-negotiated charge amount (100%) ----->	\$ 280.00

South Lyon Medical Center -- PATIENT DISCOUNT PROGRAMS

For patients with insurance who have a patient balance after insurance has paid -----> 20% patient discount excluding copays.

For patients who do not have insurance coverage -----> 30% patient discount if paid within 60 days and 20% thereafter.

South Lyon Medical Center offers financial assistance based upon income level to uninsured and underinsured patients.

NOTE: For all shoppable services additional charges are possible based on the circumstances of each hospital/clinic visit

South Lyon Medical Center

Shoppable Services Report - Table II
(CMS-1717-F2)

Use CTRL-F to SEARCH

CPT Code
<OR>
HCPCS Code

Revenue Code

Standard Charge

Shoppable Service

Primary Service and Ancillary Services

INPATIENT, OUTPATIENT, SWING BED or SKILLED NURSING FACILITY

5033560 XR KNEE 1 OR 2 VIEWS LT

5033560	XR KNEE 1 OR 2 VIEWS LT	73560TC	320	\$ 278.00
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RADIOLOGIST - not provided by facility (will be billed separately by the radiology group)

Total of Standard Charges: \$ 278.00

Radiology Services

Copays, deductibles and coinsurances are not factored into these charge amounts since each patient's insurance plan is unique.

Prompt Pay charge amount (70%)----->	\$ 194.60
Minimum negotiated charge amount (90%) ----->	\$ 250.20
Maximum negotiated charge amount (95%) ----->	\$ 264.10
Aetna - negotiated charge amount (94%) ----->	\$ 261.32
Anthem Blue Cross - negotiated charge amount (95%) ----->	\$ 264.10
Hometown Health - negotiated charge amount (93%) ----->	\$ 258.54
Cigna - negotiated charge amount (90%) ----->	\$ 250.20
All other insurances - non-negotiated charge amount (100%) ----->	\$ 278.00

South Lyon Medical Center -- PATIENT DISCOUNT PROGRAMS

For patients with insurance who have a patient balance after insurance has paid -----> 20% patient discount excluding copays.

For patients who do not have insurance coverage -----> 30% patient discount if paid within 60 days and 20% thereafter.

South Lyon Medical Center offers financial assistance based upon income level to uninsured and underinsured patients.

NOTE: For all shoppable services additional charges are possible based on the circumstances of each hospital/clinic visit

South Lyon Medical Center

Shoppable Services Report - Table II
(CMS-1717-F2)

Use CTRL-F to SEARCH

Shoppable Service	Primary Service and Ancillary Services	CPT Code <OR> HCPCS Code	Revenue Code	Standard Charge
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INPATIENT, OUTPATIENT, SWING BED or SKILLED NURSING FACILITY

5033562 XR KNEE 3 VIEWS LT

5033562	XR KNEE 3 VIEWS LT	73562TC	320	\$ 333.00
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RADIOLOGIST - not provided by facility (will be billed separately by the radiology group)

Total of Standard Charges: \$ 333.00

Radiology Services

Copays, deductibles and coinsurances are not factored into these charge amounts since each patient's insurance plan is unique.

Prompt Pay charge amount (70%)----->	\$ 233.10
Minimum negotiated charge amount (90%) ----->	\$ 299.70
Maximum negotiated charge amount (95%) ----->	\$ 316.35
Aetna - negotiated charge amount (94%) ----->	\$ 313.02
Anthem Blue Cross - negotiated charge amount (95%) ----->	\$ 346.35
Hometown Health - negotiated charge amount (93%) ----->	\$ 309.69
Cigna - negotiated charge amount (90%) ----->	\$ 299.70
All other insurances - non-negotiated charge amount (100%) ----->	\$ 333.00

South Lyon Medical Center -- PATIENT DISCOUNT PROGRAMS

For patients with insurance who have a patient balance after insurance has paid -----> 20% patient discount excluding copays.

For patients who do not have insurance coverage -----> 30% patient discount if paid within 60 days and 20% thereafter.

South Lyon Medical Center offers financial assistance based upon income level to uninsured and underinsured patients.

NOTE: For all shoppable services additional charges are possible based on the circumstances of each hospital/clinic visit

South Lyon Medical Center

Shoppable Services Report - Table II
(CMS-1717-F2)

Use CTRL-F to SEARCH

CPT Code
<OR>
HCPCS Code

Revenue Code

Standard Charge

Shoppable Service

Primary Service and Ancillary Services

INPATIENT, OUTPATIENT, SWING BED or SKILLED NURSING FACILITY

5033564 XR KNEE COMP 4 OR MORE VIEWS LT

5033564 XR KNEE COMP 4 OR MORE VIEWS LT

73564TC

320

\$ 295.00

RADIOLOGIST - not provided by facility (will be billed separately by the radiology group)

Total of Standard Charges:

\$ 295.00

Radiology Services

Copays, deductibles and coinsurances are not factored into these charge amounts since each patient's insurance plan is unique.

Prompt Pay charge amount (70%)----->	\$ 206.50
Minimum negotiated charge amount (90%) ----->	\$ 265.50
Maximum negotiated charge amount (95%) ----->	\$ 280.25
Aetna - negotiated charge amount (94%) ----->	\$ 277.30
Anthem Blue Cross - negotiated charge amount (95%) ----->	\$ 280.25
Hometown Health - negotiated charge amount (93%) ----->	\$ 274.35
Cigna - negotiated charge amount (90%) ----->	\$ 265.50
All other insurances - non-negotiated charge amount (100%) ----->	\$ 295.00

South Lyon Medical Center -- PATIENT DISCOUNT PROGRAMS

For patients with insurance who have a patient balance after insurance has paid -----> 20% patient discount excluding copays.

For patients who do not have insurance coverage -----> 30% patient discount if paid within 60 days and 20% thereafter.

South Lyon Medical Center offers financial assistance based upon income level to uninsured and underinsured patients.

NOTE: For all shoppable services additional charges are possible based on the circumstances of each hospital/clinic visit

South Lyon Medical Center

Shoppable Services Report - Table II
(CMS-1717-F2)

Use CTRL-F to SEARCH

Shoppable Service	Primary Service and Ancillary Services	CPT Code <OR> HCPCS Code	Revenue Code	Standard Charge
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INPATIENT, OUTPATIENT, SWING BED or SKILLED NURSING FACILITY

5033568 XR BOTH KNEES AP STANDING

5033568	XR BOTH KNEES AP STANDING	73565TC	320	\$ 213.00
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RADIOLOGIST - not provided by facility (will be billed separately by the radiology group)

Total of Standard Charges: \$ 213.00

Radiology Services

Copays, deductibles and coinsurances are not factored into these charge amounts since each patient's insurance plan is unique.

Prompt Pay charge amount (70%)----->	\$ 149.10
Minimum negotiated charge amount (90%) ----->	\$ 191.70
Maximum negotiated charge amount (95%) ----->	\$ 202.35
Aetna - negotiated charge amount (94%) ----->	\$ 200.22
Anthem Blue Cross - negotiated charge amount (95%) ----->	\$ 202.35
Hometown Health - negotiated charge amount (93%) ----->	\$ 198.09
Cigna - negotiated charge amount (90%) ----->	\$ 191.70
All other insurances - non-negotiated charge amount (100%) ----->	\$ 213.00

South Lyon Medical Center -- PATIENT DISCOUNT PROGRAMS

For patients with insurance who have a patient balance after insurance has paid -----> 20% patient discount excluding copays.

For patients who do not have insurance coverage -----> 30% patient discount if paid within 60 days and 20% thereafter.

South Lyon Medical Center offers financial assistance based upon income level to uninsured and underinsured patients.

NOTE: For all shoppable services additional charges are possible based on the circumstances of each hospital/clinic visit

South Lyon Medical Center

Shoppable Services Report - Table II
(CMS-1717-F2)

Use CTRL-F to SEARCH

CPT Code
<OR>
HCPCS Code

Revenue Code

Standard Charge

Shoppable Service

Primary Service and Ancillary Services

INPATIENT, OUTPATIENT, SWING BED or SKILLED NURSING FACILITY

5033590 XR TIB/FIB 2 VIEWS

5033590	XR TIB/FIB 2 VIEWS	73590TC	320	\$ 112.00
RADIOLOGIST - not provided by facility (will be billed separately by the radiology group)				
Total of Standard Charges:				\$ 112.00

Radiology Services

Copays, deductibles and coinsurances are not factored into these charge amounts since each patient's insurance plan is unique.

Prompt Pay charge amount (70%)----->	\$ 78.40
Minimum negotiated charge amount (90%) ----->	\$ 100.80
Maximum negotiated charge amount (95%) ----->	\$ 106.40
Aetna - negotiated charge amount (94%) ----->	\$ 105.28
Anthem Blue Cross - negotiated charge amount (95%) ----->	\$ 106.40
Hometown Health - negotiated charge amount (93%) ----->	\$ 104.16
Cigna - negotiated charge amount (90%) ----->	\$ 100.80
All other insurances - non-negotiated charge amount (100%) ----->	\$ 112.00

South Lyon Medical Center -- PATIENT DISCOUNT PROGRAMS

For patients with insurance who have a patient balance after insurance has paid -----> 20% patient discount excluding copays.

For patients who do not have insurance coverage -----> 30% patient discount if paid within 60 days and 20% thereafter.

South Lyon Medical Center offers financial assistance based upon income level to uninsured and underinsured patients.

NOTE: For all shoppable services additional charges are possible based on the circumstances of each hospital/clinic visit

South Lyon Medical Center

Shoppable Services Report - Table II
 (CMS-1717-F2)

Use CTRL-F to SEARCH

CPT Code
 <OR>
HCPCS Code

Revenue Code

Standard Charge

Shoppable Service **Primary Service and Ancillary Services**

INPATIENT, OUTPATIENT, SWING BED or SKILLED NURSING FACILITY

5033592 XR INFANT LOWER EXTR 2 V MIN LT

5033592	XR INFANT LOWER EXTR 2 V MIN LT	73592TC	320	\$ 176.00
RADIOLOGIST - not provided by facility (will be billed separately by the radiology group)				
Total of Standard Charges:				\$ 176.00

Radiology Services

Copays, deductibles and coinsurances are not factored into these charge amounts since each patient's insurance plan is unique.

Prompt Pay charge amount (70%)----->	\$ 123.20
Minimum negotiated charge amount (90%) ----->	\$ 158.40
Maximum negotiated charge amount (95%) ----->	\$ 167.20
Aetna - negotiated charge amount (94%) ----->	\$ 165.44
Anthem Blue Cross - negotiated charge amount (95%) ----->	\$ 167.20
Hometown Health - negotiated charge amount (93%) ----->	\$ 163.68
Cigna - negotiated charge amount (90%) ----->	\$ 158.40
All other insurances - non-negotiated charge amount (100%) ----->	\$ 176.00

South Lyon Medical Center -- PATIENT DISCOUNT PROGRAMS

For patients with insurance who have a patient balance after insurance has paid -----> 20% patient discount excluding copays.

For patients who do not have insurance coverage -----> 30% patient discount if paid within 60 days and 20% thereafter.

South Lyon Medical Center offers financial assistance based upon income level to uninsured and underinsured patients.

NOTE: For all shoppable services additional charges are possible based on the circumstances of each hospital/clinic visit

South Lyon Medical Center

Shoppable Services Report - Table II
(CMS-1717-F2)

Use CTRL-F to SEARCH

CPT Code
<OR>
HCPCS Code

Revenue Code

Standard Charge

Shoppable Service

Primary Service and Ancillary Services

INPATIENT, OUTPATIENT, SWING BED or SKILLED NURSING FACILITY

5033600 XR ANKLE 2 VIEWS LT

5033600 XR ANKLE 2 VIEWS LT

73600TC

320

\$ 229.00

RADIOLOGIST - not provided by facility (will be billed separately by the radiology group)

Total of Standard Charges: \$ 229.00

Radiology Services

Copays, deductibles and coinsurances are not factored into these charge amounts since each patient's insurance plan is unique.

Prompt Pay charge amount (70%)----->	\$ 160.30
Minimum negotiated charge amount (90%) ----->	\$ 206.10
Maximum negotiated charge amount (95%) ----->	\$ 217.55
Aetna - negotiated charge amount (94%) ----->	\$ 215.26
Anthem Blue Cross - negotiated charge amount (95%) ----->	\$ 217.55
Hometown Health - negotiated charge amount (93%) ----->	\$ 212.97
Cigna - negotiated charge amount (90%) ----->	\$ 206.10
All other insurances - non-negotiated charge amount (100%) ----->	\$229.00

South Lyon Medical Center -- PATIENT DISCOUNT PROGRAMS

For patients with insurance who have a patient balance after insurance has paid -----> 20% patient discount excluding copays.

For patients who do not have insurance coverage -----> 30% patient discount if paid within 60 days and 20% thereafter.

South Lyon Medical Center offers financial assistance based upon income level to uninsured and underinsured patients.

NOTE: For all shoppable services additional charges are possible based on the circumstances of each hospital/clinic visit

South Lyon Medical Center

Shoppable Services Report - Table II
(CMS-1717-F2)

Use CTRL-F to SEARCH

CPT Code
<OR>
HCPCS Code

Revenue Code

Standard Charge

Shoppable Service

Primary Service and Ancillary Services

INPATIENT, OUTPATIENT, SWING BED or SKILLED NURSING FACILITY

5033610 XR ANKLE 3 V LT

5033610 XR ANKLE 3 V LT

73610TC

320

\$ 249.00

RADIOLOGIST - not provided by facility (will be billed separately by the radiology group)

Total of Standard Charges: \$ 249.00

Radiology Services

Copays, deductibles and coinsurances are not factored into these charge amounts since each patient's insurance plan is unique.

Prompt Pay charge amount (70%)----->	\$ 174.30
Minimum negotiated charge amount (90%) ----->	\$ 224.10
Maximum negotiated charge amount (95%) ----->	\$ 236.55
Aetna - negotiated charge amount (94%) ----->	\$ 234.06
Anthem Blue Cross - negotiated charge amount (95%) ----->	\$ 236.55
Hometown Health - negotiated charge amount (93%) ----->	\$ 231.57
Cigna - negotiated charge amount (90%) ----->	\$ 224.10
All other insurances - non-negotiated charge amount (100%) ----->	\$ 249.00

South Lyon Medical Center -- PATIENT DISCOUNT PROGRAMS

For patients with insurance who have a patient balance after insurance has paid -----> 20% patient discount excluding copays.

For patients who do not have insurance coverage -----> 30% patient discount if paid within 60 days and 20% thereafter.

South Lyon Medical Center offers financial assistance based upon income level to uninsured and underinsured patients.

NOTE: For all shoppable services additional charges are possible based on the circumstances of each hospital/clinic visit

South Lyon Medical Center

Shoppable Services Report - Table II (CMS-1717-F2)

Use CTRL-F to SEARCH

Shoppable Service	Primary Service and Ancillary Services	CPT Code <OR> HCPCS Code	Revenue Code	Standard Charge
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INPATIENT, OUTPATIENT, SWING BED or SKILLED NURSING FACILITY

5033621 XR FOOT 2 VIEW LT

5033621	XR FOOT 2 VIEW LT	73620TC	320	\$ 200.00
RADIOLOGIST - not provided by facility (will be billed separately by the radiology group)				
Total of Standard Charges:				\$ 200.00

Radiology Services

Copays, deductibles and coinsurances are not factored into these charge amounts since each patient's insurance plan is unique.

Prompt Pay charge amount (70%)----->	\$ 140.00
Minimum negotiated charge amount (90%) ----->	\$ 180.00
Maximum negotiated charge amount (95%) ----->	\$ 190.00
Aetna - negotiated charge amount (94%) ----->	\$ 188.00
Anthem Blue Cross - negotiated charge amount (95%) ----->	\$ 185.25
Hometown Health - negotiated charge amount (93%) ----->	\$ 186.00
Cigna - negotiated charge amount (90%) ----->	\$ 180.00
All other insurances - non-negotiated charge amount (100%) ----->	\$ 200.00

South Lyon Medical Center -- PATIENT DISCOUNT PROGRAMS

For patients with insurance who have a patient balance after insurance has paid -----> 20% patient discount excluding copays.

For patients who do not have insurance coverage -----> 30% patient discount if paid within 60 days and 20% thereafter.

South Lyon Medical Center offers financial assistance based upon income level to uninsured and underinsured patients.

NOTE: For all shoppable services additional charges are possible based on the circumstances of each hospital/clinic visit

South Lyon Medical Center

Shoppable Services Report - Table II
(CMS-1717-F2)

Use CTRL-F to SEARCH

CPT Code
<OR>
HCPCS Code

Revenue Code

Standard Charge

Shoppable Service

Primary Service and Ancillary Services

INPATIENT, OUTPATIENT, SWING BED or SKILLED NURSING FACILITY

5033630 XR FOOT 3 VIEWS LT

5033630 XR FOOT 3 VIEWS LT

73630TC

320

\$ 279.00

RADIOLOGIST - not provided by facility (will be billed separately by the radiology group)

Total of Standard Charges:

\$ 279.00

Radiology Services

Copays, deductibles and coinsurances are not factored into these charge amounts since each patient's insurance plan is unique.

Prompt Pay charge amount (70%)----->	\$ 195.30
Minimum negotiated charge amount (90%) ----->	\$ 251.10
Maximum negotiated charge amount (95%) ----->	\$ 265.05
Aetna - negotiated charge amount (94%) ----->	\$ 262.26
Anthem Blue Cross - negotiated charge amount (95%) ----->	\$ 265.05
Hometown Health - negotiated charge amount (93%) ----->	\$ 259.47
Cigna - negotiated charge amount (90%) ----->	\$ 251.10
All other insurances - non-negotiated charge amount (100%) ----->	\$ 279.00

South Lyon Medical Center -- PATIENT DISCOUNT PROGRAMS

For patients with insurance who have a patient balance after insurance has paid -----> 20% patient discount excluding copays.

For patients who do not have insurance coverage -----> 30% patient discount if paid within 60 days and 20% thereafter..

South Lyon Medical Center offers financial assistance based upon income level to uninsured and underinsured patients.

NOTE: For all shoppable services additional charges are possible based on the circumstances of each hospital/clinic visit

South Lyon Medical Center

Shoppable Services Report - Table II
(CMS-1717-F2)

Use CTRL-F to SEARCH

CPT Code
<OR>
HCPCS Code

Revenue Code

Standard Charge

Shoppable Service

Primary Service and Ancillary Services

INPATIENT, OUTPATIENT, SWING BED or SKILLED NURSING FACILITY

5033650 XR HEEL MIN 2 VIEW LT

5033650	XR HEEL MIN 2 VIEW LT	73650TC	320	\$ 180.00
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RADIOLOGIST - not provided by facility (will be billed separately by the radiology group)

Total of Standard Charges: \$ 180.00

Radiology Services

Copays, deductibles and coinsurances are not factored into these charge amounts since each patient's insurance plan is unique.

Prompt Pay charge amount (70%)----->	\$ 126.00
Minimum negotiated charge amount (90%) ----->	\$ 162.00
Maximum negotiated charge amount (95%) ----->	\$ 171.00
Aetna - negotiated charge amount (94%) ----->	\$ 169.20
Anthem Blue Cross - negotiated charge amount (95%) ----->	\$ 171.00
Hometown Health - negotiated charge amount (93%) ----->	\$ 167.40
Cigna - negotiated charge amount (90%) ----->	\$ 162.00
All other insurances - non-negotiated charge amount (100%) ----->	\$ 180.00

South Lyon Medical Center -- PATIENT DISCOUNT PROGRAMS

For patients with insurance who have a patient balance after insurance has paid -----> 20% patient discount excluding copays.

For patients who do not have insurance coverage -----> 30% patient discount if paid within 60 days and 20% thereafter.

South Lyon Medical Center offers financial assistance based upon income level to uninsured and underinsured patients.

NOTE: For all shoppable services additional charges are possible based on the circumstances of each hospital/clinic visit

South Lyon Medical Center

Shoppable Services Report - Table II
(CMS-1717-F2)

Use CTRL-F to SEARCH

Shoppable Service	Primary Service and Ancillary Services	CPT Code <OR> HCPCS Code	Revenue Code	Standard Charge
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INPATIENT, OUTPATIENT, SWING BED or SKILLED NURSING FACILITY

5033660 XR TOE(S) MIN 2 VIEW LT

5033660	XR TOE(S) MIN 2 VIEW LT	73660TC	320	\$ 155.00
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RADIOLOGIST - not provided by facility (will be billed separately by the radiology group)

Total of Standard Charges: \$ 155.00

Radiology Services

Copays, deductibles and coinsurances are not factored into these charge amounts since each patient's insurance plan is unique.

Prompt Pay charge amount (70%)----->	\$ 108.50
Minimum negotiated charge amount (90%) ----->	\$ 139.50
Maximum negotiated charge amount (95%) ----->	\$ 147.25
Aetna - negotiated charge amount (94%) ----->	\$ 145.70
Anthem Blue Cross - negotiated charge amount (95%) ----->	\$ 147.25
Hometown Health - negotiated charge amount (93%) ----->	\$ 144.15
Cigna - negotiated charge amount (90%) ----->	\$ 139.50
All other insurances - non-negotiated charge amount (100%) ----->	\$ 155.00

South Lyon Medical Center -- PATIENT DISCOUNT PROGRAMS

For patients with insurance who have a patient balance after insurance has paid -----> 20% patient discount excluding copays.

For patients who do not have insurance coverage -----> 30% patient discount if paid within 60 days and 20% thereafter.

South Lyon Medical Center offers financial assistance based upon income level to uninsured and underinsured patients.

NOTE: For all shoppable services additional charges are possible based on the circumstances of each hospital/clinic visit

South Lyon Medical Center

Shoppable Services Report - Table II
 (CMS-1717-F2)

Use CTRL-F to SEARCH

Shoppable Service	Primary Service and Ancillary Services	CPT Code <OR> HCPCS Code	Revenue Code	Standard Charge
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INPATIENT, OUTPATIENT, SWING BED or SKILLED NURSING FACILITY

5034000 XR ABDOMEN 1 VIEW

5034000	XR ABDOMEN 1 VIEW	74018TC	320	\$ 193.00
RADIOLOGIST - not provided by facility (will be billed separately by the radiology group)				
Total of Standard Charges:				\$ 193.00

Radiology Services

Copays, deductibles and coinsurances are not factored into these charge amounts since each patient's insurance plan is unique.

Prompt Pay charge amount (70%)----->	\$ 135.10
Minimum negotiated charge amount (90%) ----->	\$ 173.70
Maximum negotiated charge amount (95%) ----->	\$ 185.35
Aetna - negotiated charge amount (94%) ----->	\$ 181.42
Anthem Blue Cross - negotiated charge amount (95%) ----->	\$ 185.35
Hometown Health - negotiated charge amount (93%) ----->	\$ 179.49
Cigna - negotiated charge amount (90%) ----->	\$ 173.70
All other insurances - non-negotiated charge amount (100%) ----->	\$ 193.00

South Lyon Medical Center -- PATIENT DISCOUNT PROGRAMS

For patients with insurance who have a patient balance after insurance has paid -----> 20% patient discount excluding copays.
 For patients who do not have insurance coverage -----> 30% patient discount if paid within 60 days and 20% thereafter.

South Lyon Medical Center offers financial assistance based upon income level to uninsured and underinsured patients.

NOTE: For all shoppable services additional charges are possible based on the circumstances of each hospital/clinic visit

South Lyon Medical Center

Shoppable Services Report - Table II
(CMS-1717-F2)

Use CTRL-F to SEARCH

Shoppable Service	Primary Service and Ancillary Services	CPT Code <OR> HCPCS Code	Revenue Code	Standard Charge
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INPATIENT, OUTPATIENT, SWING BED or SKILLED NURSING FACILITY

5034010 XR ABDOMEN 2 VIEWS

5034010	XR ABDOMEN 2 VIEWS	74019TC	320	\$ 274.00
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RADIOLOGIST - not provided by facility (will be billed separately by the radiology group)

Total of Standard Charges: \$ 274.00

Radiology Services

Copays, deductibles and coinsurances are not factored into these charge amounts since each patient's insurance plan is unique.

Prompt Pay charge amount (70%)----->	\$ 191.80
Minimum negotiated charge amount (90%) ----->	\$ 246.60
Maximum negotiated charge amount (95%) ----->	\$ 260.30
Aetna - negotiated charge amount (94%) ----->	\$ 257.56
Anthem Blue Cross - negotiated charge amount (95%) ----->	\$ 260.30
Hometown Health - negotiated charge amount (93%) ----->	\$ 254.82
Cigna - negotiated charge amount (90%) ----->	\$ 246.60
All other insurances - non-negotiated charge amount (100%) ----->	\$ 274.00

South Lyon Medical Center -- PATIENT DISCOUNT PROGRAMS

For patients with insurance who have a patient balance after insurance has paid -----> 20% patient discount excluding copays.

For patients who do not have insurance coverage -----> 30% patient discount if paid within 60 days and 20% thereafter.

South Lyon Medical Center offers financial assistance based upon income level to uninsured and underinsured patients.

NOTE: For all shoppable services additional charges are possible based on the circumstances of each hospital/clinic visit

South Lyon Medical Center

Shoppable Services Report - Table II
(CMS-1717-F2)

Use CTRL-F to SEARCH

CPT Code
<OR>
HCPCS Code

Revenue Code

Standard Charge

Shoppable Service

Primary Service and Ancillary Services

INPATIENT, OUTPATIENT, SWING BED or SKILLED NURSING FACILITY

5034011 XR SMALL BOWEL SERIES

5034011 XR SMALL BOWEL SERIES

74250TC

320

\$ 834.00

RADIOLOGIST - not provided by facility (will be billed separately by the radiology group)

Total of Standard Charges:

\$ 834.00

Radiology Services

Copays, deductibles and coinsurances are not factored into these charge amounts since each patient's insurance plan is unique.

Prompt Pay charge amount (70%)----->	\$ 583.80
Minimum negotiated charge amount (90%) ----->	\$ 750.60
Maximum negotiated charge amount (95%) ----->	\$ 792.30
Aetna - negotiated charge amount (94%) ----->	\$ 783.96
Anthem Blue Cross - negotiated charge amount (95%) ----->	\$ 792.30
Hometown Health - negotiated charge amount (93%) ----->	\$ 775.62
Cigna - negotiated charge amount (90%) ----->	\$ 750.60
All other insurances - non-negotiated charge amount (100%) ----->	\$ 834.00

South Lyon Medical Center -- PATIENT DISCOUNT PROGRAMS

For patients with insurance who have a patient balance after insurance has paid -----> 20% patient discount excluding copays.

For patients who do not have insurance coverage -----> 30% patient discount if paid within 60 days and 20% thereafter.

South Lyon Medical Center offers financial assistance based upon income level to uninsured and underinsured patients.

NOTE: For all shoppable services additional charges are possible based on the circumstances of each hospital/clinic visit

South Lyon Medical Center

Shoppable Services Report - Table II
(CMS-1717-F2)

Use CTRL-F to SEARCH

Shoppable Service	Primary Service and Ancillary Services	CPT Code <OR> HCPCS Code	Revenue Code	Standard Charge
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INPATIENT, OUTPATIENT, SWING BED or SKILLED NURSING FACILITY

5034022 XR ACUTE ABD W/CXR

5034022	XR ACUTE ABD W/CXR	74022TC	320	\$ 373.00
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RADIOLOGIST - not provided by facility (will be billed separately by the radiology group)

Total of Standard Charges: \$ 373.00

Radiology Services

Copays, deductibles and coinsurances are not factored into these charge amounts since each patient's insurance plan is unique.

Prompt Pay charge amount (70%)----->	\$ 261.10
Minimum negotiated charge amount (90%) ----->	\$ 335.70
Maximum negotiated charge amount (95%) ----->	\$ 354.35
Aetna - negotiated charge amount (94%) ----->	\$ 350.62
Anthem Blue Cross - negotiated charge amount (95%) ----->	\$ 353.35
Hometown Health - negotiated charge amount (93%) ----->	\$ 346.89
Cigna - negotiated charge amount (90%) ----->	\$ 335.70
All other insurances - non-negotiated charge amount (100%) ----->	\$ 373.00

South Lyon Medical Center -- PATIENT DISCOUNT PROGRAMS

For patients with insurance who have a patient balance after insurance has paid -----> 20% patient discount excluding copays.

For patients who do not have insurance coverage -----> 30% patient discount if paid within 60 days and 20% thereafter.

South Lyon Medical Center offers financial assistance based upon income level to uninsured and underinsured patients.

NOTE: For all shoppable services additional charges are possible based on the circumstances of each hospital/clinic visit

South Lyon Medical Center

Shoppable Services Report - Table II
(CMS-1717-F2)

Use CTRL-F to SEARCH

Shoppable Service	Primary Service and Ancillary Services	CPT Code <OR> HCPCS Code	Revenue Code	Standard Charge
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INPATIENT, OUTPATIENT, SWING BED or SKILLED NURSING FACILITY

5034220 XR ESOPHAGUS

5034220	XR ESOPHAGUS	74220TC	320	\$ 455.00
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RADIOLOGIST - not provided by facility (will be billed separately by the radiology group)

Total of Standard Charges: \$ 455.00

Radiology Services

Copays, deductibles and coinsurances are not factored into these charge amounts since each patient's insurance plan is unique.

Prompt Pay charge amount (70%)----->	\$ 318.50
Minimum negotiated charge amount (90%) ----->	\$ 409.50
Maximum negotiated charge amount (95%) ----->	\$ 432.25
Aetna - negotiated charge amount (94%) ----->	\$ 427.70
Anthem Blue Cross - negotiated charge amount (95%) ----->	\$ 432.25
Hometown Health - negotiated charge amount (93%) ----->	\$ 423.15
Cigna - negotiated charge amount (90%) ----->	\$ 409.50
All other insurances - non-negotiated charge amount (100%) ----->	\$ 455.00

South Lyon Medical Center -- PATIENT DISCOUNT PROGRAMS

For patients with insurance who have a patient balance after insurance has paid -----> 20% patient discount excluding copays.

For patients who do not have insurance coverage -----> 30% patient discount if paid within 60 days and 20% thereafter.

South Lyon Medical Center offers financial assistance based upon income level to uninsured and underinsured patients.

NOTE: For all shoppable services additional charges are possible based on the circumstances of each hospital/clinic visit

South Lyon Medical Center

Shoppable Services Report - Table II
(CMS-1717-F2)

Use CTRL-F to SEARCH

Shoppable Service	Primary Service and Ancillary Services	CPT Code <OR> HCPCS Code	Revenue Code	Standard Charge
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INPATIENT, OUTPATIENT, SWING BED or SKILLED NURSING FACILITY

5036020 XR BONE AGE BILAT WRIST/HAND

5036020	XR BONE AGE BILAT WRIST/HAND	77072TC	320	\$ 115.00
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RADIOLOGIST - not provided by facility (will be billed separately by the radiology group)

Total of Standard Charges: \$ 115.00

Radiology Services

Copays, deductibles and coinsurances are not factored into these charge amounts since each patient's insurance plan is unique.

Prompt Pay charge amount (70%)----->	\$ 80.50
Minimum negotiated charge amount (90%) ----->	\$ 103.50
Maximum negotiated charge amount (95%) ----->	\$ 109.25
Aetna - negotiated charge amount (94%) ----->	\$ 108.10
Anthem Blue Cross - negotiated charge amount (95%) ----->	\$ 109.25
Hometown Health - negotiated charge amount (93%) ----->	\$ 106.95
Cigna - negotiated charge amount (90%) ----->	\$ 103.50
All other insurances - non-negotiated charge amount (100%) ----->	\$ 115.00

South Lyon Medical Center -- PATIENT DISCOUNT PROGRAMS

For patients with insurance who have a patient balance after insurance has paid -----> 20% patient discount excluding copays.

For patients who do not have insurance coverage -----> 30% patient discount if paid within 60 days and 20% thereafter.

South Lyon Medical Center offers financial assistance based upon income level to uninsured and underinsured patients.

NOTE: For all shoppable services additional charges are possible based on the circumstances of each hospital/clinic visit

South Lyon Medical Center

Shoppable Services Report - Table II
(CMS-1717-F2)

Use CTRL-F to SEARCH

Shoppable Service	Primary Service and Ancillary Services	CPT Code <OR> HCPCS Code	Revenue Code	Standard Charge
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INPATIENT, OUTPATIENT, SWING BED or SKILLED NURSING FACILITY

5036061 XR BONE METS SURVEY

5036061	XR BONE METS SURVEY	77075TC	320	\$ 1,103.00
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RADIOLOGIST - not provided by facility (will be billed separately by the radiology group)

Total of Standard Charges: \$ 1,103.00

Radiology Services

Copays, deductibles and coinsurances are not factored into these charge amounts since each patient's insurance plan is unique.

Prompt Pay charge amount (70%)----->	\$ 772.10
Minimum negotiated charge amount (90%) ----->	\$ 992.70
Maximum negotiated charge amount (95%) ----->	\$ 1,047.85
Aetna - negotiated charge amount (94%) ----->	\$ 1,036.82
Anthem Blue Cross - negotiated charge amount (95%) ----->	\$ 1,047.85
Hometown Health - negotiated charge amount (93%) ----->	\$ 1,025.79
Cigna - negotiated charge amount (90%) ----->	\$ 992.70
All other insurances - non-negotiated charge amount (100%) ----->	\$ 1,103.00

South Lyon Medical Center -- PATIENT DISCOUNT PROGRAMS

For patients with insurance who have a patient balance after insurance has paid -----> 20% patient discount excluding copays.

For patients who do not have insurance coverage -----> 30% patient discount if paid within 60 days and 20% thereafter.

South Lyon Medical Center offers financial assistance based upon income level to uninsured and underinsured patients.

NOTE: For all shoppable services additional charges are possible based on the circumstances of each hospital/clinic visit

South Lyon Medical Center

Shoppable Services Report - Table II
(CMS-1717-F2)

Use CTRL-F to SEARCH

CPT Code
<OR>
HCPCS Code

Revenue Code

Standard Charge

Shoppable Service

Primary Service and Ancillary Services

INPATIENT, OUTPATIENT, SWING BED or SKILLED NURSING FACILITY

5036065 XR INFANT BONE SURVEY

5036065	XR INFANT BONE SURVEY	77076TC	320	\$ 405.00
RADIOLOGIST - not provided by facility (will be billed separately by the radiology group)				
Total of Standard Charges:				\$ 405.00

Radiology Services

Copays, deductibles and coinsurances are not factored into these charge amounts since each patient's insurance plan is unique.

Prompt Pay charge amount (70%)----->	\$ 283.50
Minimum negotiated charge amount (90%) ----->	\$ 364.50
Maximum negotiated charge amount (95%) ----->	\$ 384.75
Aetna - negotiated charge amount (94%) ----->	\$ 380.70
Anthem Blue Cross - negotiated charge amount (95%) ----->	\$ 384.75
Hometown Health - negotiated charge amount (93%) ----->	\$ 376.65
Cigna - negotiated charge amount (90%) ----->	\$ 364.50
All other insurances - non-negotiated charge amount (100%) ----->	\$ 405.00

South Lyon Medical Center -- PATIENT DISCOUNT PROGRAMS

For patients with insurance who have a patient balance after insurance has paid -----> 20% patient discount excluding copays.

For patients who do not have insurance coverage -----> 30% patient discount if paid within 60 days and 20% thereafter.

South Lyon Medical Center offers financial assistance based upon income level to uninsured and underinsured patients.

NOTE: For all shoppable services additional charges are possible based on the circumstances of each hospital/clinic visit

South Lyon Medical Center

Shoppable Services Report - Table II
(CMS-1717-F2)

Use CTRL-F to SEARCH

CPT Code
<OR>
HCPCS Code

Revenue Code

Standard Charge

Shoppable Service

Primary Service and Ancillary Services

INPATIENT, OUTPATIENT, SWING BED or SKILLED NURSING FACILITY

5037080 DXA HIP/SPINE OR FOREARM

5037080	DXA HIP/SPINE OR FOREARM	77080TC	320	\$ 507.00
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RADIOLOGIST - not provided by facility (will be billed separately by the radiology group)

Total of Standard Charges: \$ 507.00

Radiology Services

Copays, deductibles and coinsurances are not factored into these charge amounts since each patient's insurance plan is unique.

Prompt Pay charge amount (70%)----->	\$ 354.90
Minimum negotiated charge amount (90%) ----->	\$ 456.30
Maximum negotiated charge amount (95%) ----->	\$ 481.65
Aetna - negotiated charge amount (94%) ----->	\$ 476.58
Anthem Blue Cross - negotiated charge amount (95%) ----->	\$ 481.65
Hometown Health - negotiated charge amount (93%) ----->	\$ 471.51
Cigna - negotiated charge amount (90%) ----->	\$ 456.30
All other insurances - non-negotiated charge amount (100%) ----->	\$ 507.00

South Lyon Medical Center -- PATIENT DISCOUNT PROGRAMS

For patients with insurance who have a patient balance after insurance has paid -----> 20% patient discount excluding copays.

For patients who do not have insurance coverage -----> 30% patient discount if paid within 60 days and 20% thereafter.

South Lyon Medical Center offers financial assistance based upon income level to uninsured and underinsured patients.

NOTE: For all shoppable services additional charges are possible based on the circumstances of each hospital/clinic visit

South Lyon Medical Center

Shoppable Services Report - Table II
(CMS-1717-F2)

Use CTRL-F to SEARCH

CPT Code
<OR>
HCPCS Code

Revenue Code

Standard Charge

Shoppable Service

Primary Service and Ancillary Services

INPATIENT, OUTPATIENT, SWING BED or SKILLED NURSING FACILITY

5037081 DXA RADIUS WRIST

5037081	DXA RADIUS WRIST	77081TC	320	\$ 374.00
RADIOLOGIST - not provided by facility (will be billed separately by the radiology group)				
Total of Standard Charges:				\$ 374.00

Radiology Services

Copays, deductibles and coinsurances are not factored into these charge amounts since each patient's insurance plan is unique.

Prompt Pay charge amount (70%)----->	\$ 261.80
Minimum negotiated charge amount (90%) ----->	\$ 336.60
Maximum negotiated charge amount (95%) ----->	\$ 355.30
Aetna - negotiated charge amount (94%) ----->	\$ 351.56
Anthem Blue Cross - negotiated charge amount (95%) ----->	\$ 355.30
Hometown Health - negotiated charge amount (93%) ----->	\$ 347.82
Cigna - negotiated charge amount (90%) ----->	\$ 336.60
All other insurances - non-negotiated charge amount (100%) ----->	\$ 374.00

South Lyon Medical Center -- PATIENT DISCOUNT PROGRAMS

For patients with insurance who have a patient balance after insurance has paid -----> 20% patient discount excluding copays.

For patients who do not have insurance coverage -----> 30% patient discount if paid within 60 days and 20% thereafter.

South Lyon Medical Center offers financial assistance based upon income level to uninsured and underinsured patients.

NOTE: For all shoppable services additional charges are possible based on the circumstances of each hospital/clinic visit

South Lyon Medical Center

Shoppable Services Report - Table II
 (CMS-1717-F2)

Use CTRL-F to SEARCH

CPT Code
 <OR>
HCPCS Code

Revenue Code

Standard Charge

Shoppable Service **Primary Service and Ancillary Services**

INPATIENT, OUTPATIENT, SWING BED or SKILLED NURSING FACILITY

5037207 XR THORA SP W SWIMMERS 3 V

5037207	XR THORA SP W SWIMMERS 3 V	72072TC	320	\$ 340.00
RADIOLOGIST - not provided by facility (will be billed separately by the radiology group)				
Total of Standard Charges:				\$ 340.00

Radiology Services

Copays, deductibles and coinsurances are not factored into these charge amounts since each patient's insurance plan is unique.

Prompt Pay charge amount (70%)----->	\$ 238.00
Minimum negotiated charge amount (90%) ----->	\$ 306.00
Maximum negotiated charge amount (95%) ----->	\$ 323.00
Aetna - negotiated charge amount (94%) ----->	\$ 319.60
Anthem Blue Cross - negotiated charge amount (95%) ----->	\$ 323.00
Hometown Health - negotiated charge amount (93%) ----->	\$ 316.20
Cigna - negotiated charge amount (90%) ----->	\$ 306.00
All other insurances - non-negotiated charge amount (100%) ----->	\$ 340.00

South Lyon Medical Center -- PATIENT DISCOUNT PROGRAMS

For patients with insurance who have a patient balance after insurance has paid -----> 20% patient discount excluding copays.

For patients who do not have insurance coverage -----> 30% patient discount if paid within 60 days and 20% thereafter.

South Lyon Medical Center offers financial assistance based upon income level to uninsured and underinsured patients.

NOTE: For all shoppable services additional charges are possible based on the circumstances of each hospital/clinic visit

South Lyon Medical Center

Shoppable Services Report - Table II
(CMS-1717-F2)

Use CTRL-F to SEARCH

CPT Code
<OR>
HCPCS Code

Revenue Code

Standard Charge

Shoppable Service

Primary Service and Ancillary Services

INPATIENT, OUTPATIENT, SWING BED or SKILLED NURSING FACILITY

5037208 XR THORACOLUMBAR SP 2 V

5037208 XR THORACOLUMBAR SP 2 V

72080TC

320

\$ 167.00

RADIOLOGIST - not provided by facility (will be billed separately by the radiology group)

Total of Standard Charges:

\$ 167.00

Radiology Services

Copays, deductibles and coinsurances are not factored into these charge amounts since each patient's insurance plan is unique.

Prompt Pay charge amount (70%)----->	\$ 116.90
Minimum negotiated charge amount (90%) ----->	\$ 150.30
Maximum negotiated charge amount (95%) ----->	\$ 158.65
Aetna - negotiated charge amount (94%) ----->	\$ 156.98
Anthem Blue Cross - negotiated charge amount (95%) ----->	\$ 158.65
Hometown Health - negotiated charge amount (93%) ----->	\$ 155.31
Cigna - negotiated charge amount (90%) ----->	\$ 150.30
All other insurances - non-negotiated charge amount (100%) ----->	\$ 167.00

South Lyon Medical Center -- PATIENT DISCOUNT PROGRAMS

For patients with insurance who have a patient balance after insurance has paid -----> 20% patient discount excluding copays.

For patients who do not have insurance coverage -----> 30% patient discount if paid within 60 days and 20% thereafter.

South Lyon Medical Center offers financial assistance based upon income level to uninsured and underinsured patients.

NOTE: For all shoppable services additional charges are possible based on the circumstances of each hospital/clinic visit

South Lyon Medical Center

Shoppable Services Report - Table II
(CMS-1717-F2)

Use CTRL-F to SEARCH

CPT Code
<OR>
HCPCS Code

Revenue Code

Standard Charge

Shoppable Service

Primary Service and Ancillary Services

INPATIENT, OUTPATIENT, SWING BED or SKILLED NURSING FACILITY

5053070 US VENOUS DOPPLER BILAT

5053070	US VENOUS DOPPLER BILAT	93970TC	402	\$ 1,026.00
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RADIOLOGIST - not provided by facility (will be billed separately by the radiology group)

Total of Standard Charges: \$1,026.00

Radiology Services

Copays, deductibles and coinsurances are not factored into these charge amounts since each patient's insurance plan is unique.

Prompt Pay charge amount (70%)----->	\$ 718.20
Minimum negotiated charge amount (90%) ----->	\$ 923.40
Maximum negotiated charge amount (95%) ----->	\$ 974.70
Aetna - negotiated charge amount (94%) ----->	\$ 964.44
Anthem Blue Cross - negotiated charge amount (95%) ----->	\$ 974.70
Hometown Health - negotiated charge amount (93%) ----->	\$ 954.18
Cigna - negotiated charge amount (90%) ----->	\$923.40
All other insurances - non-negotiated charge amount (100%) ----->	\$ 1,026.00

South Lyon Medical Center -- PATIENT DISCOUNT PROGRAMS

For patients with insurance who have a patient balance after insurance has paid -----> 20% patient discount excluding copays.

For patients who do not have insurance coverage -----> 30% patient discount if paid within 60 days and 20% thereafter.

South Lyon Medical Center offers financial assistance based upon income level to uninsured and underinsured patients.

NOTE: For all shoppable services additional charges are possible based on the circumstances of each hospital/clinic visit

South Lyon Medical Center

Shoppable Services Report - Table II
 (CMS-1717-F2)

Use CTRL-F to SEARCH

CPT Code <OR> HCPCS Code	Revenue Code	Standard Charge
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Shoppable Service	Primary Service and Ancillary Services
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INPATIENT, OUTPATIENT, SWING BED or SKILLED NURSING FACILITY

5053880 US CAROTID BILAT

5053880	US CAROTID BILAT	93880TC	921	\$ 1,026.00
RADIOLOGIST - not provided by facility (will be billed separately by the radiology group)				
Total of Standard Charges:				\$ 1,026.00

Radiology Services

Copays, deductibles and coinsurances are not factored into these charge amounts since each patient's insurance plan is unique.

Prompt Pay charge amount (70%)----->	\$ 718.20
Minimum negotiated charge amount (90%) ----->	\$ 923.40
Maximum negotiated charge amount (95%) ----->	\$ 974.70
Aetna - negotiated charge amount (94%) ----->	\$ 964.44
Anthem Blue Cross - negotiated charge amount (95%) ----->	\$ 974.70
Hometown Health - negotiated charge amount (93%) ----->	\$ 954.18
Cigna - negotiated charge amount (90%) ----->	\$ 923.40
All other insurances - non-negotiated charge amount (100%) ----->	\$ 1,026.00

South Lyon Medical Center -- PATIENT DISCOUNT PROGRAMS

For patients with insurance who have a patient balance after insurance has paid -----> 20% patient discount excluding copays.

For patients who do not have insurance coverage -----> 30% patient discount if paid within 60 days and 20% thereafter.

South Lyon Medical Center offers financial assistance based upon income level to uninsured and underinsured patients.

NOTE: For all shoppable services additional charges are possible based on the circumstances of each hospital/clinic visit

South Lyon Medical Center

Shoppable Services Report - Table II
(CMS-1717-F2)

Use CTRL-F to SEARCH

Shoppable Service	Primary Service and Ancillary Services	CPT Code <OR> HCPCS Code	Revenue Code	Standard Charge
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INPATIENT, OUTPATIENT, SWING BED or SKILLED NURSING FACILITY

5053971 US VENOUS DOPPLER UNILAT

5053971	US VENOUS DOPPLER UNILAT	93971TC	921	\$ 513.00
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RADIOLOGIST - not provided by facility (will be billed separately by the radiology group)

Total of Standard Charges: \$ 513.00

Radiology Services

Copays, deductibles and coinsurances are not factored into these charge amounts since each patient's insurance plan is unique.

Prompt Pay charge amount (70%)----->	\$ 359.10
Minimum negotiated charge amount (90%) ----->	\$ 461.70
Maximum negotiated charge amount (95%) ----->	\$ 487.35
Aetna - negotiated charge amount (94%) ----->	\$ 482.22
Anthem Blue Cross - negotiated charge amount (95%) ----->	\$ 487.35
Hometown Health - negotiated charge amount (93%) ----->	\$ 477.09
Cigna - negotiated charge amount (90%) ----->	\$ 461.70
All other insurances - non-negotiated charge amount (100%) ----->	\$ 513.00

South Lyon Medical Center -- PATIENT DISCOUNT PROGRAMS

For patients with insurance who have a patient balance after insurance has paid -----> 20% patient discount excluding copays.

For patients who do not have insurance coverage -----> 30% patient discount if paid within 60 days and 20% thereafter.

South Lyon Medical Center offers financial assistance based upon income level to uninsured and underinsured patients.

NOTE: For all shoppable services additional charges are possible based on the circumstances of each hospital/clinic visit

South Lyon Medical Center

Shoppable Services Report - Table II
(CMS-1717-F2)

Use CTRL-F to SEARCH

CPT Code
<OR>
HCPCS Code

Shoppable Service

Primary Service and Ancillary Services

Revenue Code

Standard Charge

INPATIENT, OUTPATIENT, SWING BED or SKILLED NURSING FACILITY

5053972 US AORTA

5053972 US AORTA

93978TC

921

\$ 1,026.00

RADIOLOGIST - not provided by facility (will be billed separately by the radiology group)

Total of Standard Charges:

\$ 1,026.00

Radiology Services

Copays, deductibles and coinsurances are not factored into these charge amounts since each patient's insurance plan is unique.

Prompt Pay charge amount (70%)----->	\$ 718.20
Minimum negotiated charge amount (90%) ----->	\$ 923.40
Maximum negotiated charge amount (95%) ----->	\$ 974.70
Aetna - negotiated charge amount (94%) ----->	\$ 964.44
Anthem Blue Cross - negotiated charge amount (95%) ----->	\$ 974.70
Hometown Health - negotiated charge amount (93%) ----->	\$ 954.18
Cigna - negotiated charge amount (90%) ----->	\$ 923.40
All other insurances - non-negotiated charge amount (100%) ----->	\$ 1,026.00

South Lyon Medical Center -- PATIENT DISCOUNT PROGRAMS

For patients with insurance who have a patient balance after insurance has paid -----> 20% patient discount excluding copays.

For patients who do not have insurance coverage -----> 30% patient discount if paid within 60 days and 20% thereafter.

South Lyon Medical Center offers financial assistance based upon income level to uninsured and underinsured patients.

NOTE: For all shoppable services additional charges are possible based on the circumstances of each hospital/clinic visit

South Lyon Medical Center

Shoppable Services Report - Table II
(CMS-1717-F2)

Use CTRL-F to SEARCH

Shoppable Service	Primary Service and Ancillary Services	CPT Code <OR> HCPCS Code	Revenue Code	Standard Charge
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INPATIENT, OUTPATIENT, SWING BED or SKILLED NURSING FACILITY

5053973 US SOFT TISSUE

5053973	US SOFT TISSUE	76536TC	402	\$ 580.00
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RADIOLOGIST - not provided by facility (will be billed separately by the radiology group)

Total of Standard Charges: \$ 580.00

Radiology Services

Copays, deductibles and coinsurances are not factored into these charge amounts since each patient's insurance plan is unique.

Prompt Pay charge amount (70%)----->	\$ 406.00
Minimum negotiated charge amount (90%) ----->	\$ 522.00
Maximum negotiated charge amount (95%) ----->	\$ 536.75
Aetna - negotiated charge amount (94%) ----->	\$ 545.20
Anthem Blue Cross - negotiated charge amount (95%) ----->	\$ 536.75
Hometown Health - negotiated charge amount (93%) ----->	\$ 539.40
Cigna - negotiated charge amount (90%) ----->	\$ 522.00
All other insurances - non-negotiated charge amount (100%) ----->	\$ 580.00

South Lyon Medical Center -- PATIENT DISCOUNT PROGRAMS

For patients with insurance who have a patient balance after insurance has paid -----> 20% patient discount excluding copays.

For patients who do not have insurance coverage -----> 30% patient discount if paid within 60 days and 20% thereafter.

South Lyon Medical Center offers financial assistance based upon income level to uninsured and underinsured patients.

NOTE: For all shoppable services additional charges are possible based on the circumstances of each hospital/clinic visit

South Lyon Medical Center

Shoppable Services Report - Table II
(CMS-1717-F2)

Use CTRL-F to SEARCH

Shoppable Service	Primary Service and Ancillary Services	CPT Code <OR> HCPCS Code	Revenue Code	Standard Charge
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INPATIENT, OUTPATIENT, SWING BED or SKILLED NURSING FACILITY

5056536 US THYROID

5056536	US THYROID	76536TC	402	\$ 580.00
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RADIOLOGIST - not provided by facility (will be billed separately by the radiology group)

Total of Standard Charges: \$ 580.00

Radiology Services

Copays, deductibles and coinsurances are not factored into these charge amounts since each patient's insurance plan is unique.

Prompt Pay charge amount (70%)----->	\$ 406.00
Minimum negotiated charge amount (90%) ----->	\$ 522.00
Maximum negotiated charge amount (95%) ----->	\$ 536.75
Aetna - negotiated charge amount (94%) ----->	\$ 545.20
Anthem Blue Cross - negotiated charge amount (95%) ----->	\$ 536.75
Hometown Health - negotiated charge amount (93%) ----->	\$ 539.40
Cigna - negotiated charge amount (90%) ----->	\$ 522.00
All other insurances - non-negotiated charge amount (100%) ----->	\$ 580.00

South Lyon Medical Center -- PATIENT DISCOUNT PROGRAMS

For patients with insurance who have a patient balance after insurance has paid -----> 20% patient discount excluding copays.

For patients who do not have insurance coverage -----> 30% patient discount if paid within 60 days and 20% thereafter.

South Lyon Medical Center offers financial assistance based upon income level to uninsured and underinsured patients.

NOTE: For all shoppable services additional charges are possible based on the circumstances of each hospital/clinic visit

South Lyon Medical Center

Shoppable Services Report - Table II
(CMS-1717-F2)

Use CTRL-F to SEARCH

CPT Code
<OR>
HCPCS Code

Revenue Code

Standard Charge

Shoppable Service

Primary Service and Ancillary Services

INPATIENT, OUTPATIENT, SWING BED or SKILLED NURSING FACILITY

5056700 US ABDOMEN COMPLETE

5056700 US ABDOMEN COMPLETE

76700TC

402

\$ 655.00

RADIOLOGIST - not provided by facility (will be billed separately by the radiology group)

Total of Standard Charges:

\$ 655.00

Prompt Pay charge amount (70%)-----> \$ 458.50

Minimum negotiated charge amount (90%) -----> \$ 589.50

Maximum negotiated charge amount (95%) -----> \$ 622.25

Aetna - negotiated charge amount (94%) -----> \$ 615.70

Anthem Blue Cross - negotiated charge amount (95%) -----> \$ 622.25

Hometown Health - negotiated charge amount (93%) -----> \$ 609.15

Cigna - negotiated charge amount (90%) -----> \$ 589.50

All other insurances - non-negotiated charge amount (100%) -----> \$655.00

Copays, deductibles and coinsurances are not factored into these charge amounts since each patient's insurance plan is unique.

CMS-Specified Shoppable Service

Radiology Services

South Lyon Medical Center -- PATIENT DISCOUNT PROGRAMS

For patients with insurance who have a patient balance after insurance has paid -----> 20% patient discount excluding copays.

For patients who do not have insurance coverage -----> 30% patient discount if paid within 60 days and 20% thereafter.

South Lyon Medical Center offers financial assistance based upon income level to uninsured and underinsured patients.

NOTE: For all shoppable services additional charges are possible based on the circumstances of each hospital/clinic visit

South Lyon Medical Center

Shoppable Services Report - Table II
 (CMS-1717-F2)

Use CTRL-F to SEARCH

CPT Code
 <OR>
HCPCS Code

Revenue Code

Standard Charge

Shoppable Service **Primary Service and Ancillary Services**

INPATIENT, OUTPATIENT, SWING BED or SKILLED NURSING FACILITY

5056705 US ABDOMEN LIMITED

5056705	US ABDOMEN LIMITED	76705TC	402	\$ 422.00
RADIOLOGIST - not provided by facility (will be billed separately by the radiology group)				
Total of Standard Charges:				\$ 422.00

Radiology Services

Copays, deductibles and coinsurances are not factored into these charge amounts since each patient's insurance plan is unique.

Prompt Pay charge amount (70%)----->	\$ 295.40
Minimum negotiated charge amount (90%) ----->	\$ 379.80
Maximum negotiated charge amount (95%) ----->	\$ 390.45
Aetna - negotiated charge amount (94%) ----->	\$ 396.68
Anthem Blue Cross - negotiated charge amount (95%) ----->	\$ 390.45
Hometown Health - negotiated charge amount (93%) ----->	\$ 392.46
Cigna - negotiated charge amount (90%) ----->	\$ 379.80
All other insurances - non-negotiated charge amount (100%) ----->	\$ 422.00

South Lyon Medical Center -- PATIENT DISCOUNT PROGRAMS

For patients with insurance who have a patient balance after insurance has paid -----> 20% patient discount excluding copays.

For patients who do not have insurance coverage -----> 30% patient discount if paid within 60 days and 20% thereafter.

South Lyon Medical Center offers financial assistance based upon income level to uninsured and underinsured patients.

NOTE: For all shoppable services additional charges are possible based on the circumstances of each hospital/clinic visit

South Lyon Medical Center

Shoppable Services Report - Table II (CMS-1717-F2)

Use CTRL-F to SEARCH

CPT Code
<OR>
HCPCS Code

Revenue Code

Standard Charge

Shoppable Service

Primary Service and Ancillary Services

INPATIENT, OUTPATIENT, SWING BED or SKILLED NURSING FACILITY

5056770 US RENAL/RETROPERITONEAL COM

5056770	US RENAL/RETROPERITONEAL COM	76770TC	402	\$ 667.00
RADIOLOGIST - not provided by facility (will be billed separately by the radiology group)				
Total of Standard Charges:				\$ 667.00

Radiology Services

Copays, deductibles and coinsurances are not factored into these charge amounts since each patient's insurance plan is unique.

Prompt Pay charge amount (70%)----->	\$ 466.90
Minimum negotiated charge amount (90%) ----->	\$ 600.30
Maximum negotiated charge amount (95%) ----->	\$ 633.65
Aetna - negotiated charge amount (94%) ----->	\$ 626.98
Anthem Blue Cross - negotiated charge amount (95%) ----->	\$ 633.65
Hometown Health - negotiated charge amount (93%) ----->	\$ 620.31
Cigna - negotiated charge amount (90%) ----->	\$ 600.30
All other insurances - non-negotiated charge amount (100%) ----->	\$ 667.00

South Lyon Medical Center -- PATIENT DISCOUNT PROGRAMS

For patients with insurance who have a patient balance after insurance has paid -----> 20% patient discount excluding copays.
 For patients who do not have insurance coverage -----> 30% patient discount if paid within 60 days and 20% thereafter.

South Lyon Medical Center offers financial assistance based upon income level to uninsured and underinsured patients.

NOTE: For all shoppable services additional charges are possible based on the circumstances of each hospital/clinic visit

South Lyon Medical Center

Shoppable Services Report - Table II
(CMS-1717-F2)

Use CTRL-F to SEARCH

CPT Code
<OR>
HCPCS Code

Revenue Code

Standard Charge

Shoppable Service

Primary Service and Ancillary Services

INPATIENT, OUTPATIENT, SWING BED or SKILLED NURSING FACILITY

5056775 US RENAL/RETROPERITONEAL LTD

5056775 US RENAL/RETROPERITONEAL LTD

76775TC

402

\$ 562.00

RADIOLOGIST - not provided by facility (will be billed separately by the radiology group)

Total of Standard Charges: \$ 562.00

Radiology Services

Copays, deductibles and coinsurances are not factored into these charge amounts since each patient's insurance plan is unique.

Prompt Pay charge amount (70%)----->	\$ 393.40
Minimum negotiated charge amount (90%) ----->	\$ 505.80
Maximum negotiated charge amount (95%) ----->	\$ 533.90
Aetna - negotiated charge amount (94%) ----->	\$ 528.28
Anthem Blue Cross - negotiated charge amount (95%) ----->	\$ 533.90
Hometown Health - negotiated charge amount (93%) ----->	\$ 522.66
Cigna - negotiated charge amount (90%) ----->	\$ 505.80
All other insurances - non-negotiated charge amount (100%) ----->	\$ 562.00

South Lyon Medical Center -- PATIENT DISCOUNT PROGRAMS

For patients with insurance who have a patient balance after insurance has paid -----> 20% patient discount excluding copays.

For patients who do not have insurance coverage -----> 30% patient discount if paid within 60 days and 20% thereafter.

South Lyon Medical Center offers financial assistance based upon income level to uninsured and underinsured patients.

NOTE: For all shoppable services additional charges are possible based on the circumstances of each hospital/clinic visit

South Lyon Medical Center

Shoppable Services Report - Table II
(CMS-1717-F2)

Use CTRL-F to SEARCH

Shoppable Service	Primary Service and Ancillary Services	CPT Code <OR> HCPCS Code	Revenue Code	Standard Charge
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INPATIENT, OUTPATIENT, SWING BED or SKILLED NURSING FACILITY

5056801 US OB 1ST TRIMESTER SINGLE FETUS

5056801	US OB 1ST TRIMESTER SINGLE FETUS	76801TC	402	\$ 600.00
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RADIOLOGIST - not provided by facility (will be billed separately by the radiology group)

Total of Standard Charges: \$ 600.00

Radiology Services

Copays, deductibles and coinsurances are not factored into these charge amounts since each patient's insurance plan is unique.

Prompt Pay charge amount (70%)----->	\$ 420.00
Minimum negotiated charge amount (90%) ----->	\$ 540.00
Maximum negotiated charge amount (95%) ----->	\$ 570.00
Aetna - negotiated charge amount (94%) ----->	\$ 564.00
Anthem Blue Cross - negotiated charge amount (95%) ----->	\$ 570.00
Hometown Health - negotiated charge amount (93%) ----->	\$ 558.00
Cigna - negotiated charge amount (90%) ----->	\$ 540.00
All other insurances - non-negotiated charge amount (100%) ----->	\$ 600.00

South Lyon Medical Center -- PATIENT DISCOUNT PROGRAMS

For patients with insurance who have a patient balance after insurance has paid -----> 20% patient discount excluding copays.

For patients who do not have insurance coverage -----> 30% patient discount if paid within 60 days and 20% thereafter.

South Lyon Medical Center offers financial assistance based upon income level to uninsured and underinsured patients.

NOTE: For all shoppable services additional charges are possible based on the circumstances of each hospital/clinic visit

South Lyon Medical Center

Shoppable Services Report - Table II
(CMS-1717-F2)

Use CTRL-F to SEARCH

Shoppable Service	Primary Service and Ancillary Services	CPT Code <OR> HCPCS Code	Revenue Code	Standard Charge
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INPATIENT, OUTPATIENT, SWING BED or SKILLED NURSING FACILITY

5056805 US OB >=14 WKS SNGL

5056805	US OB >=14 WKS SNGL	76805TC	402	\$ 618.00
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RADIOLOGIST - not provided by facility (will be billed separately by the radiology group)

Total of Standard Charges: \$ 618.00

CMS-Specified Shoppable Service

Radiology Services

Copays, deductibles and coinsurances are not factored into these charge amounts since each patient's insurance plan is unique.

Prompt Pay charge amount (70%)----->	\$ 432.60
Minimum negotiated charge amount (90%) ----->	\$ 556.20
Maximum negotiated charge amount (95%) ----->	\$ 587.10
Aetna - negotiated charge amount (94%) ----->	\$ 580.92
Anthem Blue Cross - negotiated charge amount (95%) ----->	\$ 587.10
Hometown Health - negotiated charge amount (93%) ----->	\$ 574.74
Cigna - negotiated charge amount (90%) ----->	\$ 556.20
All other insurances - non-negotiated charge amount (100%) ----->	\$ 618.00

South Lyon Medical Center -- PATIENT DISCOUNT PROGRAMS

For patients with insurance who have a patient balance after insurance has paid -----> 20% patient discount excluding copays.

For patients who do not have insurance coverage -----> 30% patient discount if paid within 60 days and 20% thereafter.

South Lyon Medical Center offers financial assistance based upon income level to uninsured and underinsured patients.

NOTE: For all shoppable services additional charges are possible based on the circumstances of each hospital/clinic visit

South Lyon Medical Center

Shoppable Services Report - Table II
(CMS-1717-F2)

Use CTRL-F to SEARCH

Shoppable Service	Primary Service and Ancillary Services	CPT Code <OR> HCPCS Code	Revenue Code	Standard Charge
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INPATIENT, OUTPATIENT, SWING BED or SKILLED NURSING FACILITY

5056830 US PELVIC TRANS VAG ONLY

5056830	US PELVIC TRANS VAG ONLY	76830TC	402	\$ 513.00
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RADIOLOGIST - not provided by facility (will be billed separately by the radiology group)

Total of Standard Charges: \$ 513.00

CMS-Specified Shoppable Service

Radiology Services

Copays, deductibles and coinsurances are not factored into these charge amounts since each patient's insurance plan is unique.

Prompt Pay charge amount (70%)----->	\$ 359.10
Minimum negotiated charge amount (90%) ----->	\$ 461.70
Maximum negotiated charge amount (95%) ----->	\$ 487.35
Aetna - negotiated charge amount (94%) ----->	\$ 482.22
Anthem Blue Cross - negotiated charge amount (95%) ----->	\$ 487.35
Hometown Health - negotiated charge amount (93%) ----->	\$ 477.09
Cigna - negotiated charge amount (90%) ----->	\$ 461.70
All other insurances - non-negotiated charge amount (100%) ----->	\$ 513.00

South Lyon Medical Center -- PATIENT DISCOUNT PROGRAMS

For patients with insurance who have a patient balance after insurance has paid -----> 20% patient discount excluding copays.

For patients who do not have insurance coverage -----> 30% patient discount if paid within 60 days and 20% thereafter.

South Lyon Medical Center offers financial assistance based upon income level to uninsured and underinsured patients.

NOTE: For all shoppable services additional charges are possible based on the circumstances of each hospital/clinic visit

South Lyon Medical Center

Shoppable Services Report - Table II (CMS-1717-F2)

Use CTRL-F to SEARCH

CPT Code
<OR>
HCPCS Code

Revenue Code

Standard Charge

Shoppable Service

Primary Service and Ancillary Services

INPATIENT, OUTPATIENT, SWING BED or SKILLED NURSING FACILITY

5056856 US PELVIC(NON-OB)COMPLETE

5056856	US PELVIC(NON-OB)COMPLETE	76856TC	402	\$ 513.00
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RADIOLOGIST - not provided by facility (will be billed separately by the radiology group)

Total of Standard Charges: \$ 513.00

Radiology Services

Copays, deductibles and coinsurances are not factored into these charge amounts since each patient's insurance plan is unique.

Prompt Pay charge amount (70%)----->	\$ 359.10
Minimum negotiated charge amount (90%) ----->	\$ 461.70
Maximum negotiated charge amount (95%) ----->	\$ 487.35
Aetna - negotiated charge amount (94%) ----->	\$ 482.22
Anthem Blue Cross - negotiated charge amount (95%) ----->	\$ 487.35
Hometown Health - negotiated charge amount (93%) ----->	\$ 477.09
Cigna - negotiated charge amount (90%) ----->	\$ 461.70
All other insurances - non-negotiated charge amount (100%) ----->	\$ 513.00

South Lyon Medical Center -- PATIENT DISCOUNT PROGRAMS

For patients with insurance who have a patient balance after insurance has paid -----> 20% patient discount excluding copays.

For patients who do not have insurance coverage -----> 30% patient discount if paid within 60 days and 20% thereafter.

South Lyon Medical Center offers financial assistance based upon income level to uninsured and underinsured patients.

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South Lyon Medical Center

Shoppable Services Report - Table II
(CMS-1717-F2)

Use CTRL-F to SEARCH

CPT Code
<OR>
HCPCS Code

Revenue Code

Standard Charge

Shoppable Service

Primary Service and Ancillary Services

INPATIENT, OUTPATIENT, SWING BED or SKILLED NURSING FACILITY

5056857 US LIMITED/FU PELVIC

5056857	US LIMITED/FU PELVIC	76857TC	402	\$ 402.00
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RADIOLOGIST - not provided by facility (will be billed separately by the radiology group)

Total of Standard Charges: \$ 402.00

Radiology Services

Copays, deductibles and coinsurances are not factored into these charge amounts since each patient's insurance plan is unique.

Prompt Pay charge amount (70%)----->	\$ 281.40
Minimum negotiated charge amount (90%) ----->	\$ 361.80
Maximum negotiated charge amount (95%) ----->	\$ 381.90
Aetna - negotiated charge amount (94%) ----->	\$ 377.88
Anthem Blue Cross - negotiated charge amount (95%) ----->	\$ 381.90
Hometown Health - negotiated charge amount (93%) ----->	\$ 373.86
Cigna - negotiated charge amount (90%) ----->	\$ 361.80
All other insurances - non-negotiated charge amount (100%) ----->	\$ 402.00

South Lyon Medical Center -- PATIENT DISCOUNT PROGRAMS

For patients with insurance who have a patient balance after insurance has paid -----> 20% patient discount excluding copays.

For patients who do not have insurance coverage -----> 30% patient discount if paid within 60 days and 20% thereafter.

South Lyon Medical Center offers financial assistance based upon income level to uninsured and underinsured patients.

NOTE: For all shoppable services additional charges are possible based on the circumstances of each hospital/clinic visit

South Lyon Medical Center

Shoppable Services Report - Table II
(CMS-1717-F2)

Use CTRL-F to SEARCH

CPT Code
<OR>
HCPCS Code

Revenue Code

Standard Charge

Shoppable Service

Primary Service and Ancillary Services

INPATIENT, OUTPATIENT, SWING BED or SKILLED NURSING FACILITY

5056870 US TESTICULAR

5056870 US TESTICULAR

76870TC

402

\$ 564.00

RADIOLOGIST - not provided by facility (will be billed separately by the radiology group)

Total of Standard Charges:

\$ 564.00

Radiology Services

Copays, deductibles and coinsurances are not factored into these charge amounts since each patient's insurance plan is unique.

Prompt Pay charge amount (70%)----->	\$ 394.80
Minimum negotiated charge amount (90%) ----->	\$ 507.60
Maximum negotiated charge amount (95%) ----->	\$ 522.50
Aetna - negotiated charge amount (94%) ----->	\$ 530.16
Anthem Blue Cross - negotiated charge amount (95%) ----->	\$ 522.50
Hometown Health - negotiated charge amount (93%) ----->	\$ 524.52
Cigna - negotiated charge amount (90%) ----->	\$ 507.60
All other insurances - non-negotiated charge amount (100%) ----->	\$ 564.00

South Lyon Medical Center -- PATIENT DISCOUNT PROGRAMS

For patients with insurance who have a patient balance after insurance has paid -----> 20% patient discount excluding copays.

For patients who do not have insurance coverage -----> 30% patient discount if paid within 60 days and 20% thereafter.

South Lyon Medical Center offers financial assistance based upon income level to uninsured and underinsured patients.

NOTE: For all shoppable services additional charges are possible based on the circumstances of each hospital/clinic visit

South Lyon Medical Center

Shoppable Services Report - Table II
(CMS-1717-F2)

Use CTRL-F to SEARCH

CPT Code
<OR>
HCPCS Code

Revenue Code

Standard Charge

Shoppable Service

Primary Service and Ancillary Services

INPATIENT, OUTPATIENT, SWING BED or SKILLED NURSING FACILITY

5056880 MRI EXTREMITY(NON-VASCULAR)

5056880	MRI EXTREMITY(NON-VASCULAR)	76881TC	402	\$ 343.00
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RADIOLOGIST - not provided by facility (will be billed separately by the radiology group)

Total of Standard Charges: \$ 343.00

Radiology Services

Copays, deductibles and coinsurances are not factored into these charge amounts since each patient's insurance plan is unique.

Prompt Pay charge amount (70%)----->	\$ 240.10
Minimum negotiated charge amount (90%) ----->	\$ 308.70
Maximum negotiated charge amount (95%) ----->	\$ 325.85
Aetna - negotiated charge amount (94%) ----->	\$ 322.42
Anthem Blue Cross - negotiated charge amount (95%) ----->	\$ 325.85
Hometown Health - negotiated charge amount (93%) ----->	\$ 318.99
Cigna - negotiated charge amount (90%) ----->	\$ 308.70
All other insurances - non-negotiated charge amount (100%) ----->	\$ 343.00

South Lyon Medical Center -- PATIENT DISCOUNT PROGRAMS

For patients with insurance who have a patient balance after insurance has paid -----> 20% patient discount excluding copays.

For patients who do not have insurance coverage -----> 30% patient discount if paid within 60 days and 20% thereafter.

South Lyon Medical Center offers financial assistance based upon income level to uninsured and underinsured patients.

NOTE: For all shoppable services additional charges are possible based on the circumstances of each hospital/clinic visit

South Lyon Medical Center

Shoppable Services Report - Table II
(CMS-1717-F2)

Use CTRL-F to SEARCH

CPT Code
<OR>
HCPCS Code

Revenue Code

Standard Charge

Shoppable Service

Primary Service and Ancillary Services

INPATIENT, OUTPATIENT, SWING BED or SKILLED NURSING FACILITY

5056882 US EXTREMITY NON VASCULAR LIMITED

5056882	US EXTREMITY NON VASCULAR LIMITED	76882TC	402	\$ 308.00
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RADIOLOGIST - not provided by facility (will be billed separately by the radiology group)

Total of Standard Charges: \$ 308.00

Radiology Services

Copays, deductibles and coinsurances are not factored into these charge amounts since each patient's insurance plan is unique.

Prompt Pay charge amount (70%)----->	\$ 215.60
Minimum negotiated charge amount (90%) ----->	\$ 277.20
Maximum negotiated charge amount (95%) ----->	\$ 292.60
Aetna - negotiated charge amount (94%) ----->	\$ 289.52
Anthem Blue Cross - negotiated charge amount (95%) ----->	\$ 292.60
Hometown Health - negotiated charge amount (93%) ----->	\$ 286.44
Cigna - negotiated charge amount (90%) ----->	\$ 277.20
All other insurances - non-negotiated charge amount (100%) ----->	\$ 308.00

South Lyon Medical Center -- PATIENT DISCOUNT PROGRAMS

For patients with insurance who have a patient balance after insurance has paid -----> 20% patient discount excluding copays.

For patients who do not have insurance coverage -----> 30% patient discount if paid within 60 days and 20% thereafter.

South Lyon Medical Center offers financial assistance based upon income level to uninsured and underinsured patients.

NOTE: For all shoppable services additional charges are possible based on the circumstances of each hospital/clinic visit

South Lyon Medical Center

Shoppable Services Report - Table II
 (CMS-1717-F2)

Use CTRL-F to SEARCH

CPT Code
 <OR>
HCPCS Code

Revenue Code

Standard Charge

Shoppable Service **Primary Service and Ancillary Services**

INPATIENT, OUTPATIENT, SWING BED or SKILLED NURSING FACILITY

5056942 US GUIDANCE

5056942	US GUIDANCE	76942TC	402	\$ 297.00
RADIOLOGIST - not provided by facility (will be billed separately by the radiology group)				
Total of Standard Charges:				\$ 297.00

Radiology Services

Copays, deductibles and coinsurances are not factored into these charge amounts since each patient's insurance plan is unique.

Prompt Pay charge amount (70%)----->	\$ 207.90
Minimum negotiated charge amount (90%) ----->	\$ 267.30
Maximum negotiated charge amount (95%) ----->	\$ 282.15
Aetna - negotiated charge amount (94%) ----->	\$ 279.18
Anthem Blue Cross - negotiated charge amount (95%) ----->	\$ 282.15
Hometown Health - negotiated charge amount (93%) ----->	\$ 276.21
Cigna - negotiated charge amount (90%) ----->	\$ 267.30
All other insurances - non-negotiated charge amount (100%) ----->	\$ 297.00

South Lyon Medical Center -- PATIENT DISCOUNT PROGRAMS

For patients with insurance who have a patient balance after insurance has paid -----> 20% patient discount excluding copays.

For patients who do not have insurance coverage -----> 30% patient discount if paid within 60 days and 20% thereafter.

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NOTE: For all shoppable services additional charges are possible based on the circumstances of each hospital/clinic visit

South Lyon Medical Center

Shoppable Services Report - Table II
(CMS-1717-F2)

Use CTRL-F to SEARCH

Shoppable Service	Primary Service and Ancillary Services	CPT Code <OR> HCPCS Code	Revenue Code	Standard Charge
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INPATIENT, OUTPATIENT, SWING BED or SKILLED NURSING FACILITY

5056970 US F/U SPECIFY AR

5056970	US F/U SPECIFY AR	76970TC	402	\$ 297.00
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RADIOLOGIST - not provided by facility (will be billed separately by the radiology group)

Total of Standard Charges: \$ 297.00

Radiology Services

Copays, deductibles and coinsurances are not factored into these charge amounts since each patient's insurance plan is unique.

Prompt Pay charge amount (70%)----->	\$ 207.90
Minimum negotiated charge amount (90%) ----->	\$ 267.30
Maximum negotiated charge amount (95%) ----->	\$ 282.15
Aetna - negotiated charge amount (94%) ----->	\$ 279.18
Anthem Blue Cross - negotiated charge amount (95%) ----->	\$ 282.15
Hometown Health - negotiated charge amount (93%) ----->	\$ 276.21
Cigna - negotiated charge amount (90%) ----->	\$ 267.30
All other insurances - non-negotiated charge amount (100%) ----->	\$ 297.00

South Lyon Medical Center -- PATIENT DISCOUNT PROGRAMS

For patients with insurance who have a patient balance after insurance has paid -----> 20% patient discount excluding copays.

For patients who do not have insurance coverage -----> 30% patient discount if paid within 60 days and 20% thereafter.

South Lyon Medical Center offers financial assistance based upon income level to uninsured and underinsured patients.

NOTE: For all shoppable services additional charges are possible based on the circumstances of each hospital/clinic visit

South Lyon Medical Center

Shoppable Services Report - Table II
(CMS-1717-F2)

Use CTRL-F to SEARCH

Shoppable Service	Primary Service and Ancillary Services	CPT Code <OR> HCPCS Code	Revenue Code	Standard Charge
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INPATIENT, OUTPATIENT, SWING BED or SKILLED NURSING FACILITY

5060450 CT HEAD WO CONTRAST

5060450	CT HEAD WO CONTRAST	70450TC	350	\$ 1,323.00
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RADIOLOGIST - not provided by facility (will be billed separately by the radiology group)

Total of Standard Charges: \$ 1,323.00

CMS-Specified Shoppable Service

Radiology Services

Copays, deductibles and coinsurances are not factored into these charge amounts since each patient's insurance plan is unique.

Prompt Pay charge amount (70%)----->	\$ 926.10
Minimum negotiated charge amount (90%) ----->	\$ 1,190.70
Maximum negotiated charge amount (95%) ----->	\$ 1,256.85
Aetna - negotiated charge amount (94%) ----->	\$ 1,243.62
Anthem Blue Cross - negotiated charge amount (95%) ----->	\$ 1,256.85
Hometown Health - negotiated charge amount (93%) ----->	\$ 1,230.39
Cigna - negotiated charge amount (90%) ----->	\$ 1,190.70
All other insurances - non-negotiated charge amount (100%) ----->	\$ 1,323.00

South Lyon Medical Center -- PATIENT DISCOUNT PROGRAMS

For patients with insurance who have a patient balance after insurance has paid -----> 20% patient discount excluding copays.

For patients who do not have insurance coverage -----> 30% patient discount if paid within 60 days and 20% thereafter.

South Lyon Medical Center offers financial assistance based upon income level to uninsured and underinsured patients.

NOTE: For all shoppable services additional charges are possible based on the circumstances of each hospital/clinic visit

South Lyon Medical Center

Shoppable Services Report - Table II
 (CMS-1717-F2)

Use CTRL-F to SEARCH

Shoppable Service	Primary Service and Ancillary Services	CPT Code <OR> HCPCS Code	Revenue Code	Standard Charge
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INPATIENT, OUTPATIENT, SWING BED or SKILLED NURSING FACILITY

5060460 CT HEAD W CONTRAST

5060460	CT HEAD W CONTRAST	70460TC	350	\$ 1,323.00
RADIOLOGIST - not provided by facility (will be billed separately by the radiology group)				
Total of Standard Charges:				\$ 1,323.00

Radiology Services

Copays, deductibles and coinsurances are not factored into these charge amounts since each patient's insurance plan is unique.

Prompt Pay charge amount (70%)----->	\$ 926.10
Minimum negotiated charge amount (90%) ----->	\$ 1,190.70
Maximum negotiated charge amount (95%) ----->	\$ 1,256.85
Aetna - negotiated charge amount (94%) ----->	\$ 1,243.62
Anthem Blue Cross - negotiated charge amount (95%) ----->	\$ 1,256.85
Hometown Health - negotiated charge amount (93%) ----->	\$ 1,230.39
Cigna - negotiated charge amount (90%) ----->	\$ 1,190.70
All other insurances - non-negotiated charge amount (100%) ----->	\$ 1,323.00

South Lyon Medical Center -- PATIENT DISCOUNT PROGRAMS

For patients with insurance who have a patient balance after insurance has paid -----> 20% patient discount excluding copays.
 For patients who do not have insurance coverage -----> 30% patient discount if paid within 60 days and 20% thereafter.

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NOTE: For all shoppable services additional charges are possible based on the circumstances of each hospital/clinic visit

South Lyon Medical Center

Shoppable Services Report - Table II
 (CMS-1717-F2)

Use CTRL-F to SEARCH

Shoppable Service	Primary Service and Ancillary Services	CPT Code <OR> HCPCS Code	Revenue Code	Standard Charge
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INPATIENT, OUTPATIENT, SWING BED or SKILLED NURSING FACILITY

5060470 CT HEAD W AND W/O CONTRAST

5060470	CT HEAD W AND W/O CONTRAST	70470TC	350	\$ 1,733.00
RADIOLOGIST - not provided by facility (will be billed separately by the radiology group)				
Total of Standard Charges:				\$ 1,733.00

Radiology Services

Copays, deductibles and coinsurances are not factored into these charge amounts since each patient's insurance plan is unique.

Prompt Pay charge amount (70%)----->	\$ 1,213.00
Minimum negotiated charge amount (90%) ----->	\$ 1,559.70
Maximum negotiated charge amount (95%) ----->	\$ 1,646.35
Aetna - negotiated charge amount (94%) ----->	\$ 1,629.09
Anthem Blue Cross - negotiated charge amount (95%) ----->	\$ 1,646.35
Hometown Health - negotiated charge amount (93%) ----->	\$ 1,611.69
Cigna - negotiated charge amount (90%) ----->	\$ 1,559.70
All other insurances - non-negotiated charge amount (100%) ----->	\$ 1,733.00

South Lyon Medical Center -- PATIENT DISCOUNT PROGRAMS

For patients with insurance who have a patient balance after insurance has paid -----> 20% patient discount excluding copays.

For patients who do not have insurance coverage -----> 30% patient discount if paid within 60 days and 20% thereafter.

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NOTE: For all shoppable services additional charges are possible based on the circumstances of each hospital/clinic visit

South Lyon Medical Center

Shoppable Services Report - Table II
(CMS-1717-F2)

Use CTRL-F to SEARCH

Shoppable Service	Primary Service and Ancillary Services	CPT Code <OR> HCPCS Code	Revenue Code	Standard Charge
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INPATIENT, OUTPATIENT, SWING BED or SKILLED NURSING FACILITY

5060481 CT ORBIT W CONTRAST

5060481	CT ORBIT W CONTRAST	70481TC	350	\$ 1,334.00
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RADIOLOGIST - not provided by facility (will be billed separately by the radiology group)

Total of Standard Charges: \$ 1,334.00

Radiology Services

Copays, deductibles and coinsurances are not factored into these charge amounts since each patient's insurance plan is unique.

Prompt Pay charge amount (70%)----->	\$ 933.80
Minimum negotiated charge amount (90%) ----->	\$ 1,200.60
Maximum negotiated charge amount (95%) ----->	\$ 1,267.30
Aetna - negotiated charge amount (94%) ----->	\$ 1,253.96
Anthem Blue Cross - negotiated charge amount (95%) ----->	\$ 1,267.30
Hometown Health - negotiated charge amount (93%) ----->	\$ 1,240.62
Cigna - negotiated charge amount (90%) ----->	\$ 1,200.60
All other insurances - non-negotiated charge amount (100%) ----->	\$ 1,334.00

South Lyon Medical Center -- PATIENT DISCOUNT PROGRAMS

For patients with insurance who have a patient balance after insurance has paid -----> 20% patient discount excluding copays.

For patients who do not have insurance coverage -----> 30% patient discount if paid within 60 days and 20% thereafter.

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NOTE: For all shoppable services additional charges are possible based on the circumstances of each hospital/clinic visit

South Lyon Medical Center

Shoppable Services Report - Table II
(CMS-1717-F2)

Use CTRL-F to SEARCH

Shoppable Service	Primary Service and Ancillary Services	CPT Code <OR> HCPCS Code	Revenue Code	Standard Charge
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INPATIENT, OUTPATIENT, SWING BED or SKILLED NURSING FACILITY

5060482 CT ORBIT W/WO CONTRAST

5060482	CT ORBIT W/WO CONTRAST	70482TC	350	\$ 1,770.00
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RADIOLOGIST - not provided by facility (will be billed separately by the radiology group)

Total of Standard Charges: \$ 1,770.00

Radiology Services

Copays, deductibles and coinsurances are not factored into these charge amounts since each patient's insurance plan is unique.

Prompt Pay charge amount (70%)----->	\$ 1,239.00
Minimum negotiated charge amount (90%) ----->	\$ 1,593.00
Maximum negotiated charge amount (95%) ----->	\$ 1,681.50
Aetna - negotiated charge amount (94%) ----->	\$ 1,663.80
Anthem Blue Cross - negotiated charge amount (95%) ----->	\$ 1,681.50
Hometown Health - negotiated charge amount (93%) ----->	\$ 1,646.10
Cigna - negotiated charge amount (90%) ----->	\$ 1,593.00
All other insurances - non-negotiated charge amount (100%) ----->	\$ 1,770.00

South Lyon Medical Center -- PATIENT DISCOUNT PROGRAMS

For patients with insurance who have a patient balance after insurance has paid -----> 20% patient discount excluding copays.

For patients who do not have insurance coverage -----> 30% patient discount if paid within 60 days and 20% thereafter.

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NOTE: For all shoppable services additional charges are possible based on the circumstances of each hospital/clinic visit

South Lyon Medical Center

Shoppable Services Report - Table II
 (CMS-1717-F2)

Use CTRL-F to SEARCH

Shoppable Service	Primary Service and Ancillary Services	CPT Code <OR> HCPCS Code	Revenue Code	Standard Charge
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INPATIENT, OUTPATIENT, SWING BED or SKILLED NURSING FACILITY

5060486 CT MAX FACIAL WO CONTRAST

5060486	CT MAX FACIAL WO CONTRAST	70486TC	350	\$ 1,314.00
RADIOLOGIST - not provided by facility (will be billed separately by the radiology group)				
Total of Standard Charges:				\$ 1,314.00

Radiology Services

Copays, deductibles and coinsurances are not factored into these charge amounts since each patient's insurance plan is unique.

Prompt Pay charge amount (70%)----->	\$ 919.80
Minimum negotiated charge amount (90%) ----->	\$ 1,182.60
Maximum negotiated charge amount (95%) ----->	\$ 1,248.30
Aetna - negotiated charge amount (94%) ----->	\$ 1,235.16
Anthem Blue Cross - negotiated charge amount (95%) ----->	\$ 1,248.30
Hometown Health - negotiated charge amount (93%) ----->	\$ 1,222.02
Cigna - negotiated charge amount (90%) ----->	\$ 1,182.60
All other insurances - non-negotiated charge amount (100%) ----->	\$ 1,314.00

South Lyon Medical Center -- PATIENT DISCOUNT PROGRAMS

For patients with insurance who have a patient balance after insurance has paid -----> 20% patient discount excluding copays.

For patients who do not have insurance coverage -----> 30% patient discount if paid within 60 days and 20% thereafter.

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NOTE: For all shoppable services additional charges are possible based on the circumstances of each hospital/clinic visit

South Lyon Medical Center

Shoppable Services Report - Table II
(CMS-1717-F2)

Use CTRL-F to SEARCH

Shoppable Service	Primary Service and Ancillary Services	CPT Code <OR> HCPCS Code	Revenue Code	Standard Charge
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INPATIENT, OUTPATIENT, SWING BED or SKILLED NURSING FACILITY

5060487 CT MAX FACIAL W CONTRAST

5060487	CT MAX FACIAL W CONTRAST	70487TC	350	\$ 1,524.00
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RADIOLOGIST - not provided by facility (will be billed separately by the radiology group)

Total of Standard Charges: \$ 1,524.00

Radiology Services

Copays, deductibles and coinsurances are not factored into these charge amounts since each patient's insurance plan is unique.

Prompt Pay charge amount (70%)----->	\$ 1,066.80
Minimum negotiated charge amount (90%) ----->	\$ 1,371.60
Maximum negotiated charge amount (95%) ----->	\$ 1,447.80
Aetna - negotiated charge amount (94%) ----->	\$ 1,432.56
Anthem Blue Cross - negotiated charge amount (95%) ----->	\$ 1,447.80
Hometown Health - negotiated charge amount (93%) ----->	\$ 1,417.32
Cigna - negotiated charge amount (90%) ----->	\$ 1,371.60
All other insurances - non-negotiated charge amount (100%) ----->	\$ 1,524.00

South Lyon Medical Center -- PATIENT DISCOUNT PROGRAMS

For patients with insurance who have a patient balance after insurance has paid -----> 20% patient discount excluding copays.

For patients who do not have insurance coverage -----> 30% patient discount if paid within 60 days and 20% thereafter.

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NOTE: For all shoppable services additional charges are possible based on the circumstances of each hospital/clinic visit

South Lyon Medical Center

Shoppable Services Report - Table II
 (CMS-1717-F2)

Use CTRL-F to SEARCH

CPT Code
 <OR>
HCPCS Code

Revenue Code

Standard Charge

Shoppable Service

Primary Service and Ancillary Services

INPATIENT, OUTPATIENT, SWING BED or SKILLED NURSING FACILITY

5060488 CT MAX FACIAL W/WO CONTRAST

5060488	CT MAX FACIAL W/WO CONTRAST	70488TC	350	\$ 2,069.00
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RADIOLOGIST - not provided by facility (will be billed separately by the radiology group)

Total of Standard Charges: \$ 2,069.00

Radiology Services

Copays, deductibles and coinsurances are not factored into these charge amounts since each patient's insurance plan is unique.

Prompt Pay charge amount (70%)----->	\$ 1,448.30
Minimum negotiated charge amount (90%) ----->	\$ 1,862.10
Maximum negotiated charge amount (95%) ----->	\$ 1,965.55
Aetna - negotiated charge amount (94%) ----->	\$ 1,944.86
Anthem Blue Cross - negotiated charge amount (95%) ----->	\$ 1,965.55
Hometown Health - negotiated charge amount (93%) ----->	\$ 1,924.17
Cigna - negotiated charge amount (90%) ----->	\$ 1,862.10
All other insurances - non-negotiated charge amount (100%) ----->	\$ 2,069.00

South Lyon Medical Center -- PATIENT DISCOUNT PROGRAMS

For patients with insurance who have a patient balance after insurance has paid -----> 20% patient discount excluding copays.

For patients who do not have insurance coverage -----> 30% patient discount if paid within 60 days and 20% thereafter.

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NOTE: For all shoppable services additional charges are possible based on the circumstances of each hospital/clinic visit

South Lyon Medical Center

Shoppable Services Report - Table II
(CMS-1717-F2)

Use CTRL-F to SEARCH

Shoppable Service	Primary Service and Ancillary Services	CPT Code <OR> HCPCS Code	Revenue Code	Standard Charge
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INPATIENT, OUTPATIENT, SWING BED or SKILLED NURSING FACILITY

5060492 CT SOFT TISSUE NECK W/WO CONTRAST

5060492	CT SOFT TISSUE NECK W/WO CONTRAST	70492TC	350	\$ 1,901.00
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RADIOLOGIST - not provided by facility (will be billed separately by the radiology group)

Total of Standard Charges: \$ 1,901.00

Radiology Services

Copays, deductibles and coinsurances are not factored into these charge amounts since each patient's insurance plan is unique.

Prompt Pay charge amount (70%)----->	\$ 1,330.70
Minimum negotiated charge amount (90%) ----->	\$ 1,710.90
Maximum negotiated charge amount (95%) ----->	\$ 1,805.95
Aetna - negotiated charge amount (94%) ----->	\$ 1,786.94
Anthem Blue Cross - negotiated charge amount (95%) ----->	\$ 1,805.95
Hometown Health - negotiated charge amount (93%) ----->	\$ 1,767.93
Cigna - negotiated charge amount (90%) ----->	\$ 1,710.90
All other insurances - non-negotiated charge amount (100%) ----->	\$ 1,901.00

South Lyon Medical Center -- PATIENT DISCOUNT PROGRAMS

For patients with insurance who have a patient balance after insurance has paid -----> 20% patient discount excluding copays.

For patients who do not have insurance coverage -----> 30% patient discount if paid within 60 days and 20% thereafter.

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NOTE: For all shoppable services additional charges are possible based on the circumstances of each hospital/clinic visit

South Lyon Medical Center

Shoppable Services Report - Table II
 (CMS-1717-F2)

Use CTRL-F to SEARCH

CPT Code
 <OR>
HCPCS Code

Revenue Code

Standard Charge

Shoppable Service

Primary Service and Ancillary Services

INPATIENT, OUTPATIENT, SWING BED or SKILLED NURSING FACILITY

5062128 CT THORACIC SPINE WO CONTRAST

5062128	CT THORACIC SPINE WO CONTRAST	72128TC	350	\$ 1,710.00
RADIOLOGIST - not provided by facility (will be billed separately by the radiology group)				
Total of Standard Charges:				\$ 1,710.00

Radiology Services

Copays, deductibles and coinsurances are not factored into these charge amounts since each patient's insurance plan is unique.

Prompt Pay charge amount (70%)----->	\$ 1,197.00
Minimum negotiated charge amount (90%) ----->	\$ 1,539.00
Maximum negotiated charge amount (95%) ----->	\$ 1,624.50
Aetna - negotiated charge amount (94%) ----->	\$ 1,607.40
Anthem Blue Cross - negotiated charge amount (95%) ----->	\$ 1,624.50
Hometown Health - negotiated charge amount (93%) ----->	\$ 1,590.30
Cigna - negotiated charge amount (90%) ----->	\$ 1,539.00
All other insurances - non-negotiated charge amount (100%) ----->	\$ 1,710.00

South Lyon Medical Center -- PATIENT DISCOUNT PROGRAMS

For patients with insurance who have a patient balance after insurance has paid -----> 20% patient discount excluding copays.
 For patients who do not have insurance coverage -----> 30% patient discount if paid within 60 days and 20% thereafter.

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South Lyon Medical Center

Shoppable Services Report - Table II
(CMS-1717-F2)

Use CTRL-F to SEARCH

Shoppable Service	Primary Service and Ancillary Services	CPT Code <OR> HCPCS Code	Revenue Code	Standard Charge
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INPATIENT, OUTPATIENT, SWING BED or SKILLED NURSING FACILITY

5062131 CT L SPINE W/O CONTRAST

5062131	CT L SPINE W/O CONTRAST	72131TC	350	\$ 1,771.00
RADIOLOGIST - not provided by facility (will be billed separately by the radiology group)				
Total of Standard Charges:				\$ 1,771.00

Radiology Services

Copays, deductibles and coinsurances are not factored into these charge amounts since each patient's insurance plan is unique.

Prompt Pay charge amount (70%)----->	\$ 1,239.70
Minimum negotiated charge amount (90%) ----->	\$ 1,593.90
Maximum negotiated charge amount (95%) ----->	\$ 1,682.45
Aetna - negotiated charge amount (94%) ----->	\$ 1,664.74
Anthem Blue Cross - negotiated charge amount (95%) ----->	\$ 1,682.45
Hometown Health - negotiated charge amount (93%) ----->	\$ 1,647.03
Cigna - negotiated charge amount (90%) ----->	\$ 1,593.90
All other insurances - non-negotiated charge amount (100%) ----->	\$ 1,771.00

South Lyon Medical Center -- PATIENT DISCOUNT PROGRAMS

For patients with insurance who have a patient balance after insurance has paid -----> 20% patient discount excluding copays.

For patients who do not have insurance coverage -----> 30% patient discount if paid within 60 days and 20% thereafter.

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South Lyon Medical Center

Shoppable Services Report - Table II
(CMS-1717-F2)

Use CTRL-F to SEARCH

Shoppable Service	Primary Service and Ancillary Services	CPT Code <OR> HCPCS Code	Revenue Code	Standard Charge
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INPATIENT, OUTPATIENT, SWING BED or SKILLED NURSING FACILITY

5062193 CT PELVIS W CONTRAST

5062193	CT PELVIS W CONTRAST	72193TC	350	\$ 1,679.00
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RADIOLOGIST - not provided by facility (will be billed separately by the radiology group)

Total of Standard Charges: \$ 1,679.00

CMS-Specified Shoppable Service

Radiology Services

Copays, deductibles and coinsurances are not factored into these charge amounts since each patient's insurance plan is unique.

Prompt Pay charge amount (70%)----->	\$ 1,175.30
Minimum negotiated charge amount (90%) ----->	\$ 1,511.10
Maximum negotiated charge amount (95%) ----->	\$ 1,595.05
Aetna - negotiated charge amount (94%) ----->	\$ 1,578.26
Anthem Blue Cross - negotiated charge amount (95%) ----->	\$ 1,595.05
Hometown Health - negotiated charge amount (93%) ----->	\$ 1,561.47
Cigna - negotiated charge amount (90%) ----->	\$ 1,511.10
All other insurances - non-negotiated charge amount (100%) ----->	\$ 1,679.00

South Lyon Medical Center -- PATIENT DISCOUNT PROGRAMS

For patients with insurance who have a patient balance after insurance has paid -----> 20% patient discount excluding copays.

For patients who do not have insurance coverage -----> 30% patient discount if paid within 60 days and 20% thereafter.

South Lyon Medical Center offers financial assistance based upon income level to uninsured and underinsured patients.

NOTE: For all shoppable services additional charges are possible based on the circumstances of each hospital/clinic visit

South Lyon Medical Center

Shoppable Services Report - Table II
(CMS-1717-F2)

Use CTRL-F to SEARCH

Shoppable Service	Primary Service and Ancillary Services	CPT Code <OR> HCPCS Code	Revenue Code	Standard Charge
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INPATIENT, OUTPATIENT, SWING BED or SKILLED NURSING FACILITY

5062194 CT PELVIS W/WO CONTRAST

5062194	CT PELVIS W/WO CONTRAST	72194TC	350	\$ 1,903.00
RADIOLOGIST - not provided by facility (will be billed separately by the radiology group)				
Total of Standard Charges:				\$ 1,903.00

Radiology Services

Copays, deductibles and coinsurances are not factored into these charge amounts since each patient's insurance plan is unique.

Prompt Pay charge amount (70%)----->	\$ 1,332.10
Minimum negotiated charge amount (90%) ----->	\$ 1,712.70
Maximum negotiated charge amount (95%) ----->	\$ 1,807.85
Aetna - negotiated charge amount (94%) ----->	\$ 1,788.82
Anthem Blue Cross - negotiated charge amount (95%) ----->	\$ 1,807.85
Hometown Health - negotiated charge amount (93%) ----->	\$ 1,769.79
Cigna - negotiated charge amount (90%) ----->	\$ 1,712.70
All other insurances - non-negotiated charge amount (100%) ----->	\$ 1,903.00

South Lyon Medical Center -- PATIENT DISCOUNT PROGRAMS

For patients with insurance who have a patient balance after insurance has paid -----> 20% patient discount excluding copays.

For patients who do not have insurance coverage -----> 30% patient discount if paid within 60 days and 20% thereafter.

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South Lyon Medical Center

Shoppable Services Report - Table II
 (CMS-1717-F2)

Use CTRL-F to SEARCH

CPT Code
 <OR>
HCPCS Code

Revenue Code

Standard Charge

Shoppable Service **Primary Service and Ancillary Services**

INPATIENT, OUTPATIENT, SWING BED or SKILLED NURSING FACILITY

5062715 CT CHEST W PE PROTOCOL

5062715	CT CHEST W PE PROTOCOL	71275TC	350	\$ 2,591.00
RADIOLOGIST - not provided by facility (will be billed separately by the radiology group)				
Total of Standard Charges:				\$ 2,591.00

Radiology Services

Copays, deductibles and coinsurances are not factored into these charge amounts since each patient's insurance plan is unique.

Prompt Pay charge amount (70%)----->	\$ 1,813.70
Minimum negotiated charge amount (90%) ----->	\$ 2,331.90
Maximum negotiated charge amount (95%) ----->	\$ 2,461.45
Aetna - negotiated charge amount (94%) ----->	\$ 2,435.54
Anthem Blue Cross - negotiated charge amount (95%) ----->	\$ 2,461.45
Hometown Health - negotiated charge amount (93%) ----->	\$ 2,409.63
Cigna - negotiated charge amount (90%) ----->	\$ 2,331.90
All other insurances - non-negotiated charge amount (100%) ----->	\$ 2,591.00

South Lyon Medical Center -- PATIENT DISCOUNT PROGRAMS

For patients with insurance who have a patient balance after insurance has paid -----> 20% patient discount excluding copays.

For patients who do not have insurance coverage -----> 30% patient discount if paid within 60 days and 20% thereafter.

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NOTE: For all shoppable services additional charges are possible based on the circumstances of each hospital/clinic visit

South Lyon Medical Center

Shoppable Services Report - Table II
(CMS-1717-F2)

Use CTRL-F to SEARCH

Shoppable Service	Primary Service and Ancillary Services	CPT Code <OR> HCPCS Code	Revenue Code	Standard Charge
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INPATIENT, OUTPATIENT, SWING BED or SKILLED NURSING FACILITY

5063200 CT UPPER EXT WO CONTRAST LT

5063200	CT UPPER EXT WO CONTRAST LT	73200TC	350	\$ 1,283.00
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RADIOLOGIST - not provided by facility (will be billed separately by the radiology group)

Total of Standard Charges: \$ 1,283.00

Radiology Services

Copays, deductibles and coinsurances are not factored into these charge amounts since each patient's insurance plan is unique.

Prompt Pay charge amount (70%)----->	\$ 898.10
Minimum negotiated charge amount (90%) ----->	\$ 1,154.70
Maximum negotiated charge amount (95%) ----->	\$ 1,218.85
Aetna - negotiated charge amount (94%) ----->	\$ 1,206.02
Anthem Blue Cross - negotiated charge amount (95%) ----->	\$ 1,218.85
Hometown Health - negotiated charge amount (93%) ----->	\$ 1,193.19
Cigna - negotiated charge amount (90%) ----->	\$ 1,154.70
All other insurances - non-negotiated charge amount (100%) ----->	\$ 1,283.00

South Lyon Medical Center -- PATIENT DISCOUNT PROGRAMS

For patients with insurance who have a patient balance after insurance has paid -----> 20% patient discount excluding copays.

For patients who do not have insurance coverage -----> 30% patient discount if paid within 60 days and 20% thereafter.

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NOTE: For all shoppable services additional charges are possible based on the circumstances of each hospital/clinic visit

South Lyon Medical Center

Shoppable Services Report - Table II
(CMS-1717-F2)

Use CTRL-F to SEARCH

Shoppable Service	Primary Service and Ancillary Services	CPT Code <OR> HCPCS Code	Revenue Code	Standard Charge
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INPATIENT, OUTPATIENT, SWING BED or SKILLED NURSING FACILITY

5063201 CT UPPER EXT W CONTRAST LT

5063201	CT UPPER EXT W CONTRAST LT	73201TC	350	\$ 1,629.00
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RADIOLOGIST - not provided by facility (will be billed separately by the radiology group)

Total of Standard Charges: \$ 1,629.00

Radiology Services

Copays, deductibles and coinsurances are not factored into these charge amounts since each patient's insurance plan is unique.

Prompt Pay charge amount (70%)----->	\$ 1,140.30
Minimum negotiated charge amount (90%) ----->	\$ 1,466.10
Maximum negotiated charge amount (95%) ----->	\$ 1,547.55
Aetna - negotiated charge amount (94%) ----->	\$ 1,531.26
Anthem Blue Cross - negotiated charge amount (95%) ----->	\$ 1,547.55
Hometown Health - negotiated charge amount (93%) ----->	\$ 1,514.97
Cigna - negotiated charge amount (90%) ----->	\$ 1,466.10
All other insurances - non-negotiated charge amount (100%) ----->	\$ 1,629.00

South Lyon Medical Center -- PATIENT DISCOUNT PROGRAMS

For patients with insurance who have a patient balance after insurance has paid -----> 20% patient discount excluding copays.

For patients who do not have insurance coverage -----> 30% patient discount if paid within 60 days and 20% thereafter.

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NOTE: For all shoppable services additional charges are possible based on the circumstances of each hospital/clinic visit

South Lyon Medical Center

Shoppable Services Report - Table II
(CMS-1717-F2)

Use CTRL-F to SEARCH

CPT Code
<OR>
HCPCS Code

Revenue Code

Standard Charge

Shoppable Service

Primary Service and Ancillary Services

INPATIENT, OUTPATIENT, SWING BED or SKILLED NURSING FACILITY

5063202 CT UPPER EXT W/WO CONTRAST LT

5063202	CT UPPER EXT W/WO CONTRAST LT	73202TC	350	\$ 1,770.00
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RADIOLOGIST - not provided by facility (will be billed separately by the radiology group)

Total of Standard Charges: \$ 1,770.00

Radiology Services

Copays, deductibles and coinsurances are not factored into these charge amounts since each patient's insurance plan is unique.

Prompt Pay charge amount (70%)----->	\$ 1,239.00
Minimum negotiated charge amount (90%) ----->	\$ 1,593.00
Maximum negotiated charge amount (95%) ----->	\$ 1,681.50
Aetna - negotiated charge amount (94%) ----->	\$ 1,663.80
Anthem Blue Cross - negotiated charge amount (95%) ----->	\$ 1,681.50
Hometown Health - negotiated charge amount (93%) ----->	\$ 1,646.10
Cigna - negotiated charge amount (90%) ----->	\$ 1,593.00
All other insurances - non-negotiated charge amount (100%) ----->	\$ 1,770.00

South Lyon Medical Center -- PATIENT DISCOUNT PROGRAMS

For patients with insurance who have a patient balance after insurance has paid -----> 20% patient discount excluding copays.

For patients who do not have insurance coverage -----> 30% patient discount if paid within 60 days and 20% thereafter.

South Lyon Medical Center offers financial assistance based upon income level to uninsured and underinsured patients.

NOTE: For all shoppable services additional charges are possible based on the circumstances of each hospital/clinic visit

South Lyon Medical Center

Shoppable Services Report - Table II
(CMS-1717-F2)

Use CTRL-F to SEARCH

Shoppable Service	Primary Service and Ancillary Services	CPT Code <OR> HCPCS Code	Revenue Code	Standard Charge
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INPATIENT, OUTPATIENT, SWING BED or SKILLED NURSING FACILITY

5063700 CT LOW EXT W/O CONTRAST LT

5063700	CT LOW EXT W/O CONTRAST LT	73700TC	350	\$ 1,307.00
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RADIOLOGIST - not provided by facility (will be billed separately by the radiology group)

Total of Standard Charges: \$ 1,307.00

Radiology Services

Copays, deductibles and coinsurances are not factored into these charge amounts since each patient's insurance plan is unique.

Prompt Pay charge amount (70%)----->	\$ 914.90
Minimum negotiated charge amount (90%) ----->	\$ 1,176.30
Maximum negotiated charge amount (95%) ----->	\$ 1,241.65
Aetna - negotiated charge amount (94%) ----->	\$ 1,228.58
Anthem Blue Cross - negotiated charge amount (95%) ----->	\$ 1,241.65
Hometown Health - negotiated charge amount (93%) ----->	\$ 1,215.51
Cigna - negotiated charge amount (90%) ----->	\$ 1,176.30
All other insurances - non-negotiated charge amount (100%) ----->	\$ 1,307.00

South Lyon Medical Center -- PATIENT DISCOUNT PROGRAMS

For patients with insurance who have a patient balance after insurance has paid -----> 20% patient discount excluding copays.

For patients who do not have insurance coverage -----> 30% patient discount if paid within 60 days and 20% thereafter.

South Lyon Medical Center offers financial assistance based upon income level to uninsured and underinsured patients.

NOTE: For all shoppable services additional charges are possible based on the circumstances of each hospital/clinic visit

South Lyon Medical Center

Shoppable Services Report - Table II
 (CMS-1717-F2)

Use CTRL-F to SEARCH

CPT Code
 <OR>
HCPCS Code

Revenue Code

Standard Charge

Shoppable Service **Primary Service and Ancillary Services**

INPATIENT, OUTPATIENT, SWING BED or SKILLED NURSING FACILITY

5063701 CT LOW EXT W CONTRAST LT

5063701	CT LOW EXT W CONTRAST LT	73701TC	350	\$ 1,629.00
RADIOLOGIST - not provided by facility (will be billed separately by the radiology group)				
			Total of Standard Charges:	\$ 1,629.00

Radiology Services

Copays, deductibles and coinsurances are not factored into these charge amounts since each patient's insurance plan is unique.

Prompt Pay charge amount (70%)----->	\$ 1,140.30
Minimum negotiated charge amount (90%) ----->	\$ 1,466.10
Maximum negotiated charge amount (95%) ----->	\$ 1,547.55
Aetna - negotiated charge amount (94%) ----->	\$ 1,531.26
Anthem Blue Cross - negotiated charge amount (95%) ----->	\$ 1,547.55
Hometown Health - negotiated charge amount (93%) ----->	\$ 1,514.97
Cigna - negotiated charge amount (90%) ----->	\$ 1,466.10
All other insurances - non-negotiated charge amount (100%) ----->	\$ 1,629.00

South Lyon Medical Center -- PATIENT DISCOUNT PROGRAMS

For patients with insurance who have a patient balance after insurance has paid -----> 20% patient discount excluding copays.

For patients who do not have insurance coverage -----> 30% patient discount if paid within 60 days and 20% thereafter.

South Lyon Medical Center offers financial assistance based upon income level to uninsured and underinsured patients.

NOTE: For all shoppable services additional charges are possible based on the circumstances of each hospital/clinic visit

South Lyon Medical Center

Shoppable Services Report - Table II
(CMS-1717-F2)

Use CTRL-F to SEARCH

Shoppable Service	Primary Service and Ancillary Services	CPT Code <OR> HCPCS Code	Revenue Code	Standard Charge
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INPATIENT, OUTPATIENT, SWING BED or SKILLED NURSING FACILITY

5064160 CT ABDOMEN WITH CONTRAST

5064160	CT ABDOMEN WITH CONTRAST	74160TC	350	\$ 1,759.00
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RADIOLOGIST - not provided by facility (will be billed separately by the radiology group)

Total of Standard Charges: \$ 1,759.00

Radiology Services

Copays, deductibles and coinsurances are not factored into these charge amounts since each patient's insurance plan is unique.

Prompt Pay charge amount (70%)----->	\$ 1,231.30
Minimum negotiated charge amount (90%) ----->	\$ 1,583.10
Maximum negotiated charge amount (95%) ----->	\$ 1,671.05
Aetna - negotiated charge amount (94%) ----->	\$ 1,653.46
Anthem Blue Cross - negotiated charge amount (95%) ----->	\$ 1,671.05
Hometown Health - negotiated charge amount (93%) ----->	\$ 1,635.87
Cigna - negotiated charge amount (90%) ----->	\$ 1,583.10
All other insurances - non-negotiated charge amount (100%) ----->	\$ 1,759.00

South Lyon Medical Center -- PATIENT DISCOUNT PROGRAMS

For patients with insurance who have a patient balance after insurance has paid -----> 20% patient discount excluding copays.

For patients who do not have insurance coverage -----> 30% patient discount if paid within 60 days and 20% thereafter.

South Lyon Medical Center offers financial assistance based upon income level to uninsured and underinsured patients.

NOTE: For all shoppable services additional charges are possible based on the circumstances of each hospital/clinic visit

South Lyon Medical Center

Shoppable Services Report - Table II (CMS-1717-F2)

Use CTRL-F to SEARCH

Shoppable Service	Primary Service and Ancillary Services	CPT Code <OR> HCPCS Code	Revenue Code	Standard Charge
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INPATIENT, OUTPATIENT, SWING BED or SKILLED NURSING FACILITY

5064170 CT ABDOMEN W AND WO CONTRAST

5064170	CT ABDOMEN W AND WO CONTRAST	74170TC	350	\$ 1,994.00
RADIOLOGIST - not provided by facility (will be billed separately by the radiology group)				
Total of Standard Charges:				\$ 1,994.00

Radiology Services

Copays, deductibles and coinsurances are not factored into these charge amounts since each patient's insurance plan is unique.

Prompt Pay charge amount (70%)----->	\$ 1,395.80
Minimum negotiated charge amount (90%) ----->	\$ 1,794.60
Maximum negotiated charge amount (95%) ----->	\$ 1,894.30
Aetna - negotiated charge amount (94%) ----->	\$ 1,874.36
Anthem Blue Cross - negotiated charge amount (95%) ----->	\$ 1,894.30
Hometown Health - negotiated charge amount (93%) ----->	\$ 1,854.42
Cigna - negotiated charge amount (90%) ----->	\$ 1,794.60
All other insurances - non-negotiated charge amount (100%) ----->	\$ 1,994.00

South Lyon Medical Center -- PATIENT DISCOUNT PROGRAMS

For patients with insurance who have a patient balance after insurance has paid -----> 20% patient discount excluding copays.

For patients who do not have insurance coverage -----> 30% patient discount if paid within 60 days and 20% thereafter.

South Lyon Medical Center offers financial assistance based upon income level to uninsured and underinsured patients.

NOTE: For all shoppable services additional charges are possible based on the circumstances of each hospital/clinic visit

South Lyon Medical Center

Shoppable Services Report - Table II
(CMS-1717-F2)

Use CTRL-F to SEARCH

Shoppable Service	Primary Service and Ancillary Services	CPT Code <OR> HCPCS Code	Revenue Code	Standard Charge
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INPATIENT, OUTPATIENT, SWING BED or SKILLED NURSING FACILITY

5064176 CT ABD/PELVIS WO CONTRAST

5064176	CT ABD/PELVIS WO CONTRAST	74176TC	350	\$ 2,770.00
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RADIOLOGIST - not provided by facility (will be billed separately by the radiology group)

Total of Standard Charges: \$ 2,770.00

Radiology Services

Copays, deductibles and coinsurances are not factored into these charge amounts since each patient's insurance plan is unique.

Prompt Pay charge amount (70%)----->	\$ 1,939.00
Minimum negotiated charge amount (90%) ----->	\$ 2,493.00
Maximum negotiated charge amount (95%) ----->	\$ 2,631.50
Aetna - negotiated charge amount (94%) ----->	\$ 2,603.80
Anthem Blue Cross - negotiated charge amount (95%) ----->	\$ 2,631.50
Hometown Health - negotiated charge amount (93%) ----->	\$ 2,576.10
Cigna - negotiated charge amount (90%) ----->	\$ 2,493.00
All other insurances - non-negotiated charge amount (100%) ----->	\$ 2,770.00

South Lyon Medical Center -- PATIENT DISCOUNT PROGRAMS

For patients with insurance who have a patient balance after insurance has paid -----> 20% patient discount excluding copays.

For patients who do not have insurance coverage -----> 30% patient discount if paid within 60 days and 20% thereafter.

South Lyon Medical Center offers financial assistance based upon income level to uninsured and underinsured patients.

NOTE: For all shoppable services additional charges are possible based on the circumstances of each hospital/clinic visit

South Lyon Medical Center

Shoppable Services Report - Table II (CMS-1717-F2)

Use CTRL-F to SEARCH

Shoppable Service	Primary Service and Ancillary Services	CPT Code <OR> HCPCS Code	Revenue Code	Standard Charge
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INPATIENT, OUTPATIENT, SWING BED or SKILLED NURSING FACILITY

5064177 CT ABD/PELVIS W CONTRAST

5064177	CT ABD/PELVIS W CONTRAST	74177TC	350	\$ 3,461.00
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RADIOLOGIST - not provided by facility (will be billed separately by the radiology group)

Total of Standard Charges: \$ 3,461.00

CMS-Specified Shoppable Service

Radiology Services

Copays, deductibles and coinsurances are not factored into these charge amounts since each patient's insurance plan is unique.

Prompt Pay charge amount (70%)----->	\$ 2,422.70
Minimum negotiated charge amount (90%) ----->	\$ 3,114.90
Maximum negotiated charge amount (95%) ----->	\$ 3,287.95
Aetna - negotiated charge amount (94%) ----->	\$ 3,253.34
Anthem Blue Cross - negotiated charge amount (95%) ----->	\$ 3,287.95
Hometown Health - negotiated charge amount (93%) ----->	\$ 3,218.73
Cigna - negotiated charge amount (90%) ----->	\$ 3,114.90
All other insurances - non-negotiated charge amount (100%) ----->	\$ 3,461.00

South Lyon Medical Center -- PATIENT DISCOUNT PROGRAMS

For patients with insurance who have a patient balance after insurance has paid -----> 20% patient discount excluding copays.

For patients who do not have insurance coverage -----> 30% patient discount if paid within 60 days and 20% thereafter.

South Lyon Medical Center offers financial assistance based upon income level to uninsured and underinsured patients.

NOTE: For all shoppable services additional charges are possible based on the circumstances of each hospital/clinic visit

South Lyon Medical Center

Shoppable Services Report - Table II
(CMS-1717-F2)

Use CTRL-F to SEARCH

CPT Code
<OR>
HCPCS Code

Revenue Code

Standard Charge

Shoppable Service

Primary Service and Ancillary Services

INPATIENT, OUTPATIENT, SWING BED or SKILLED NURSING FACILITY

5064178 CT ABD/PELVIS W&WO CONTRAST

5064178	CT ABD/PELVIS W&WO CONTRAST	74178TC	350	\$ 3,461.00
RADIOLOGIST - not provided by facility (will be billed separately by the radiology group)				
			Total of Standard Charges:	\$ 3,461.00

Radiology Services

Copays, deductibles and coinsurances are not factored into these charge amounts since each patient's insurance plan is unique.

Prompt Pay charge amount (70%)----->	\$ 2,422.70
Minimum negotiated charge amount (90%) ----->	\$ 3,114.90
Maximum negotiated charge amount (95%) ----->	\$ 3,287.95
Aetna - negotiated charge amount (94%) ----->	\$ 3,253.34
Anthem Blue Cross - negotiated charge amount (95%) ----->	\$ 3,287.95
Hometown Health - negotiated charge amount (93%) ----->	\$ 3,218.73
Cigna - negotiated charge amount (90%) ----->	\$ 3,114.90
All other insurances - non-negotiated charge amount (100%) ----->	\$ 3,461.00

South Lyon Medical Center -- PATIENT DISCOUNT PROGRAMS

For patients with insurance who have a patient balance after insurance has paid -----> 20% patient discount excluding copays.

For patients who do not have insurance coverage -----> 30% patient discount if paid within 60 days and 20% thereafter.

South Lyon Medical Center offers financial assistance based upon income level to uninsured and underinsured patients.

NOTE: For all shoppable services additional charges are possible based on the circumstances of each hospital/clinic visit

South Lyon Medical Center

Shoppable Services Report - Table II
(CMS-1717-F2)

Use CTRL-F to SEARCH

Shoppable Service	Primary Service and Ancillary Services	CPT Code <OR> HCPCS Code	Revenue Code	Standard Charge
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INPATIENT, OUTPATIENT, SWING BED or SKILLED NURSING FACILITY

5064480 CT ORBIT WO CONTRAST

5064480	CT ORBIT WO CONTRAST	70480TC	350	\$ 1,313.00
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RADIOLOGIST - not provided by facility (will be billed separately by the radiology group)

Total of Standard Charges: \$1,313.00

Radiology Services

Copays, deductibles and coinsurances are not factored into these charge amounts since each patient's insurance plan is unique.

Prompt Pay charge amount (70%)----->	\$ 919.10
Minimum negotiated charge amount (90%) ----->	\$ 1,181.70
Maximum negotiated charge amount (95%) ----->	\$ 1,247.35
Aetna - negotiated charge amount (94%) ----->	\$ 1,234.22
Anthem Blue Cross - negotiated charge amount (95%) ----->	\$ 1,247.35
Hometown Health - negotiated charge amount (93%) ----->	\$ 1,221.09
Cigna - negotiated charge amount (90%) ----->	\$ 1,181.70
All other insurances - non-negotiated charge amount (100%) ----->	\$ 1,313.00

South Lyon Medical Center -- PATIENT DISCOUNT PROGRAMS

For patients with insurance who have a patient balance after insurance has paid -----> 20% patient discount excluding copays.

For patients who do not have insurance coverage -----> 30% patient discount if paid within 60 days and 20% thereafter.

South Lyon Medical Center offers financial assistance based upon income level to uninsured and underinsured patients.

NOTE: For all shoppable services additional charges are possible based on the circumstances of each hospital/clinic visit

South Lyon Medical Center

Shoppable Services Report - Table II
(CMS-1717-F2)

Use CTRL-F to SEARCH

CPT Code
<OR>
HCPCS Code

Shoppable Service

Primary Service and Ancillary Services

Revenue Code

Standard Charge

INPATIENT, OUTPATIENT, SWING BED or SKILLED NURSING FACILITY

5066070 CT QCT(BONE MINERAL CALC)

5066070	CT QCT(BONE MINERAL CALC)	77078TC	320	\$ 320.00
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RADIOLOGIST - not provided by facility (will be billed separately by the radiology group)

Total of Standard Charges: \$ 320.00

Radiology Services

Copays, deductibles and coinsurances are not factored into these charge amounts since each patient's insurance plan is unique.

Prompt Pay charge amount (70%)----->	\$ 224.00
Minimum negotiated charge amount (90%) ----->	\$ 288.00
Maximum negotiated charge amount (95%) ----->	\$ 304.00
Aetna - negotiated charge amount (94%) ----->	\$ 300.80
Anthem Blue Cross - negotiated charge amount (95%) ----->	\$ 304.00
Hometown Health - negotiated charge amount (93%) ----->	\$ 297.60
Cigna - negotiated charge amount (90%) ----->	\$ 288.00
All other insurances - non-negotiated charge amount (100%) ----->	\$ 320.00

South Lyon Medical Center -- PATIENT DISCOUNT PROGRAMS

For patients with insurance who have a patient balance after insurance has paid -----> 20% patient discount excluding copays.

For patients who do not have insurance coverage -----> 30% patient discount if paid within 60 days and 20% thereafter.

South Lyon Medical Center offers financial assistance based upon income level to uninsured and underinsured patients.

NOTE: For all shoppable services additional charges are possible based on the circumstances of each hospital/clinic visit

South Lyon Medical Center

Shoppable Services Report - Table II
(CMS-1717-F2)

Use CTRL-F to SEARCH

Shoppable Service	Primary Service and Ancillary Services	CPT Code <OR> HCPCS Code	Revenue Code	Standard Charge
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INPATIENT, OUTPATIENT, SWING BED or SKILLED NURSING FACILITY

5067048 CT IAC W/WO CONTRAST

5067048	CT IAC W/WO CONTRAST	70482TC	350	\$ 1,770.00
RADIOLOGIST - not provided by facility (will be billed separately by the radiology group)				
Total of Standard Charges:				\$ 1,770.00

Radiology Services

Copays, deductibles and coinsurances are not factored into these charge amounts since each patient's insurance plan is unique.

Prompt Pay charge amount (70%)----->	\$ 1,239.00
Minimum negotiated charge amount (90%) ----->	\$ 1,593.00
Maximum negotiated charge amount (95%) ----->	\$ 1,681.50
Aetna - negotiated charge amount (94%) ----->	\$ 1,663.80
Anthem Blue Cross - negotiated charge amount (95%) ----->	\$ 1,681.50
Hometown Health - negotiated charge amount (93%) ----->	\$ 1,646.10
Cigna - negotiated charge amount (90%) ----->	\$ 1,593.00
All other insurances - non-negotiated charge amount (100%) ----->	\$ 1,770.00

South Lyon Medical Center -- PATIENT DISCOUNT PROGRAMS

For patients with insurance who have a patient balance after insurance has paid -----> 20% patient discount excluding copays.

For patients who do not have insurance coverage -----> 30% patient discount if paid within 60 days and 20% thereafter.

South Lyon Medical Center offers financial assistance based upon income level to uninsured and underinsured patients.

NOTE: For all shoppable services additional charges are possible based on the circumstances of each hospital/clinic visit

South Lyon Medical Center

Shoppable Services Report - Table II
 (CMS-1717-F2)

Use CTRL-F to SEARCH

CPT Code
 <OR>
HCPCS Code

Revenue Code

Standard Charge

Shoppable Service

Primary Service and Ancillary Services

INPATIENT, OUTPATIENT, SWING BED or SKILLED NURSING FACILITY

5067120 CT CHEST WO LTD

5067120	CT CHEST WO LTD	71250TC	350	\$ 1,289.00
RADIOLOGIST - not provided by facility (will be billed separately by the radiology group)				
			Total of Standard Charges:	\$ 1,289.00

Radiology Services

Copays, deductibles and coinsurances are not factored into these charge amounts since each patient's insurance plan is unique.

Prompt Pay charge amount (70%)----->	\$ 902.30
Minimum negotiated charge amount (90%) ----->	\$ 1,160.10
Maximum negotiated charge amount (95%) ----->	\$ 1,224.55
Aetna - negotiated charge amount (94%) ----->	\$ 1,211.66
Anthem Blue Cross - negotiated charge amount (95%) ----->	\$ 1,224.55
Hometown Health - negotiated charge amount (93%) ----->	\$ 1,198.77
Cigna - negotiated charge amount (90%) ----->	\$ 1,160.10
All other insurances - non-negotiated charge amount (100%) ----->	\$ 1,289.00

South Lyon Medical Center -- PATIENT DISCOUNT PROGRAMS

For patients with insurance who have a patient balance after insurance has paid -----> 20% patient discount excluding copays.
 For patients who do not have insurance coverage -----> 30% patient discount if paid within 60 days and 20% thereafter.

South Lyon Medical Center offers financial assistance based upon income level to uninsured and underinsured patients.

NOTE: For all shoppable services additional charges are possible based on the circumstances of each hospital/clinic visit

South Lyon Medical Center

Shoppable Services Report - Table II (CMS-1717-F2)

Use CTRL-F to SEARCH

CPT Code
 <OR>
HCPCS Code

Revenue Code

Standard Charge

Shoppable Service **Primary Service and Ancillary Services**

INPATIENT, OUTPATIENT, SWING BED or SKILLED NURSING FACILITY

5067126 CT CHEST WITH CONTRAST

5067126	CT CHEST WITH CONTRAST	71260TC	350	\$ 1,652.00
RADIOLOGIST - not provided by facility (will be billed separately by the radiology group)				
			Total of Standard Charges:	\$ 1,652.00

Radiology Services

Copays, deductibles and coinsurances are not factored into these charge amounts since each patient's insurance plan is unique.

Prompt Pay charge amount (70%)----->	\$ 1,156.40
Minimum negotiated charge amount (90%) ----->	\$ 1,486.80
Maximum negotiated charge amount (95%) ----->	\$ 1,569.40
Aetna - negotiated charge amount (94%) ----->	\$ 1,552.88
Anthem Blue Cross - negotiated charge amount (95%) ----->	\$ 1,569.40
Hometown Health - negotiated charge amount (93%) ----->	\$ 1,536.36
Cigna - negotiated charge amount (90%) ----->	\$ 1,486.80
All other insurances - non-negotiated charge amount (100%) ----->	\$ 1,652.00

South Lyon Medical Center -- PATIENT DISCOUNT PROGRAMS

For patients with insurance who have a patient balance after insurance has paid -----> 20% patient discount excluding copays.

For patients who do not have insurance coverage -----> 30% patient discount if paid within 60 days and 20% thereafter.

South Lyon Medical Center offers financial assistance based upon income level to uninsured and underinsured patients.

NOTE: For all shoppable services additional charges are possible based on the circumstances of each hospital/clinic visit

South Lyon Medical Center

Shoppable Services Report - Table II
(CMS-1717-F2)

Use CTRL-F to SEARCH

Shoppable Service	Primary Service and Ancillary Services	CPT Code <OR> HCPCS Code	Revenue Code	Standard Charge
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INPATIENT, OUTPATIENT, SWING BED or SKILLED NURSING FACILITY

5067127 CT CHEST W/WO CONTRAST

5067127	CT CHEST W/WO CONTRAST	71270TC	350	\$ 1,935.00
RADIOLOGIST - not provided by facility (will be billed separately by the radiology group)				
Total of Standard Charges:				\$ 1,935.00

Radiology Services

Copays, deductibles and coinsurances are not factored into these charge amounts since each patient's insurance plan is unique.

Prompt Pay charge amount (70%)----->	\$ 1,354.50
Minimum negotiated charge amount (90%) ----->	\$ 1,741.50
Maximum negotiated charge amount (95%) ----->	\$ 1,838.25
Aetna - negotiated charge amount (94%) ----->	\$ 1,818.90
Anthem Blue Cross - negotiated charge amount (95%) ----->	\$ 1,838.25
Hometown Health - negotiated charge amount (93%) ----->	\$ 1,799.55
Cigna - negotiated charge amount (90%) ----->	\$ 1,741.50
All other insurances - non-negotiated charge amount (100%) ----->	\$ 1,935.00

South Lyon Medical Center -- PATIENT DISCOUNT PROGRAMS

For patients with insurance who have a patient balance after insurance has paid -----> 20% patient discount excluding copays.

For patients who do not have insurance coverage -----> 30% patient discount if paid within 60 days and 20% thereafter.

South Lyon Medical Center offers financial assistance based upon income level to uninsured and underinsured patients.

NOTE: For all shoppable services additional charges are possible based on the circumstances of each hospital/clinic visit

South Lyon Medical Center

Shoppable Services Report - Table II
(CMS-1717-F2)

Use CTRL-F to SEARCH

Shoppable Service	Primary Service and Ancillary Services	CPT Code <OR> HCPCS Code	Revenue Code	Standard Charge
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INPATIENT, OUTPATIENT, SWING BED or SKILLED NURSING FACILITY

5067212 CT C SPINE WO CONTRAST

5067212	CT C SPINE WO CONTRAST	72125TC	350	\$ 1,765.00
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RADIOLOGIST - not provided by facility (will be billed separately by the radiology group)

Total of Standard Charges: \$ 1,765.00

Radiology Services

Copays, deductibles and coinsurances are not factored into these charge amounts since each patient's insurance plan is unique.

Prompt Pay charge amount (70%)----->	\$ 1,235.50
Minimum negotiated charge amount (90%) ----->	\$ 1,588.50
Maximum negotiated charge amount (95%) ----->	\$ 1,676.75
Aetna - negotiated charge amount (94%) ----->	\$ 1,659.10
Anthem Blue Cross - negotiated charge amount (95%) ----->	\$ 1,676.75
Hometown Health - negotiated charge amount (93%) ----->	\$ 1,641.45
Cigna - negotiated charge amount (90%) ----->	\$ 1,588.50
All other insurances - non-negotiated charge amount (100%) ----->	\$ 1,765.00

South Lyon Medical Center -- PATIENT DISCOUNT PROGRAMS

For patients with insurance who have a patient balance after insurance has paid -----> 20% patient discount excluding copays.

For patients who do not have insurance coverage -----> 30% patient discount if paid within 60 days and 20% thereafter.

South Lyon Medical Center offers financial assistance based upon income level to uninsured and underinsured patients.

NOTE: For all shoppable services additional charges are possible based on the circumstances of each hospital/clinic visit

South Lyon Medical Center

Shoppable Services Report - Table II
 (CMS-1717-F2)

Use CTRL-F to SEARCH

Shoppable Service	Primary Service and Ancillary Services	CPT Code <OR> HCPCS Code	Revenue Code	Standard Charge
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INPATIENT, OUTPATIENT, SWING BED or SKILLED NURSING FACILITY

5067219 CT PELVIS WO CONTRAST

5067219	CT PELVIS WO CONTRAST	72192TC	350	\$ 1,380.00
RADIOLOGIST - not provided by facility (will be billed separately by the radiology group)				
Total of Standard Charges:				\$ 1,380.00

Radiology Services

Copays, deductibles and coinsurances are not factored into these charge amounts since each patient's insurance plan is unique.

Prompt Pay charge amount (70%)----->	\$ 966.00
Minimum negotiated charge amount (90%) ----->	\$ 1,242.00
Maximum negotiated charge amount (95%) ----->	\$ 1,311.00
Aetna - negotiated charge amount (94%) ----->	\$ 1,297.20
Anthem Blue Cross - negotiated charge amount (95%) ----->	\$ 1,311.00
Hometown Health - negotiated charge amount (93%) ----->	\$ 1,283.40
Cigna - negotiated charge amount (90%) ----->	\$ 1,242.00
All other insurances - non-negotiated charge amount (100%) ----->	\$ 1,380.00

South Lyon Medical Center -- PATIENT DISCOUNT PROGRAMS

For patients with insurance who have a patient balance after insurance has paid -----> 20% patient discount excluding copays.
 For patients who do not have insurance coverage -----> 30% patient discount if paid within 60 days and 20% thereafter.

South Lyon Medical Center offers financial assistance based upon income level to uninsured and underinsured patients.

NOTE: For all shoppable services additional charges are possible based on the circumstances of each hospital/clinic visit

South Lyon Medical Center

Shoppable Services Report - Table II
(CMS-1717-F2)

Use CTRL-F to SEARCH

CPT Code
<OR>
HCPCS Code

Revenue Code

Standard Charge

Shoppable Service

Primary Service and Ancillary Services

INPATIENT, OUTPATIENT, SWING BED or SKILLED NURSING FACILITY

5067370 CT LOW EXT W/WO CONTRAST LT

5067370 CT LOW EXT W/WO CONTRAST LT

73702TC

350

\$ 1,770.00

RADIOLOGIST - not provided by facility (will be billed separately by the radiology group)

Total of Standard Charges:

\$ 1,770.00

Radiology Services

Copays, deductibles and coinsurances are not factored into these charge amounts since each patient's insurance plan is unique.

Prompt Pay charge amount (70%)----->	\$ 1,239.00
Minimum negotiated charge amount (90%) ----->	\$ 1,593.00
Maximum negotiated charge amount (95%) ----->	\$ 1,681.50
Aetna - negotiated charge amount (94%) ----->	\$ 1,663.80
Anthem Blue Cross - negotiated charge amount (95%) ----->	\$ 1,681.50
Hometown Health - negotiated charge amount (93%) ----->	\$ 1,646.10
Cigna - negotiated charge amount (90%) ----->	\$ 1,593.00
All other insurances - non-negotiated charge amount (100%) ----->	\$ 1,770.00

South Lyon Medical Center -- PATIENT DISCOUNT PROGRAMS

For patients with insurance who have a patient balance after insurance has paid -----> 20% patient discount excluding copays.

For patients who do not have insurance coverage -----> 30% patient discount if paid within 60 days and 20% thereafter.

South Lyon Medical Center offers financial assistance based upon income level to uninsured and underinsured patients.

NOTE: For all shoppable services additional charges are possible based on the circumstances of each hospital/clinic visit

South Lyon Medical Center

Shoppable Services Report - Table II
 (CMS-1717-F2)

Use CTRL-F to SEARCH

CPT Code
 <OR>
HCPCS Code

Revenue Code

Standard Charge

Shoppable Service

Primary Service and Ancillary Services

INPATIENT, OUTPATIENT, SWING BED or SKILLED NURSING FACILITY

5067415 CT ABDOMEN WO CONTRAST

5067415	CT ABDOMEN WO CONTRAST	74150TC	350	\$ 1,463.00
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RADIOLOGIST - not provided by facility (will be billed separately by the radiology group)

Total of Standard Charges: \$ 1,463.00

Radiology Services

Copays, deductibles and coinsurances are not factored into these charge amounts since each patient's insurance plan is unique.

Prompt Pay charge amount (70%)----->	\$ 1024.10
Minimum negotiated charge amount (90%) ----->	\$ 1,316.70
Maximum negotiated charge amount (95%) ----->	\$ 1,354.70
Aetna - negotiated charge amount (94%) ----->	\$ 1,375.22
Anthem Blue Cross - negotiated charge amount (95%) ----->	\$ 1,354.70
Hometown Health - negotiated charge amount (93%) ----->	\$ 1,360.59
Cigna - negotiated charge amount (90%) ----->	\$ 1,316.70
All other insurances - non-negotiated charge amount (100%) ----->	\$ 1,463.00

South Lyon Medical Center -- PATIENT DISCOUNT PROGRAMS

For patients with insurance who have a patient balance after insurance has paid -----> 20% patient discount excluding copays.

For patients who do not have insurance coverage -----> 30% patient discount if paid within 60 days and 20% thereafter.

South Lyon Medical Center offers financial assistance based upon income level to uninsured and underinsured patients.

NOTE: For all shoppable services additional charges are possible based on the circumstances of each hospital/clinic visit

South Lyon Medical Center

Shoppable Services Report - Table II
(CMS-1717-F2)

Use CTRL-F to SEARCH

CPT Code
<OR>
HCPCS Code

Revenue Code

Standard Charge

Shoppable Service

Primary Service and Ancillary Services

INPATIENT, OUTPATIENT, SWING BED or SKILLED NURSING FACILITY

5067490 CT SOFT TISSUE NECK WO CONTRAST

5067490 CT SOFT TISSUE NECK WO CONTRAST

70490TC

350

\$ 1015.00

RADIOLOGIST - not provided by facility (will be billed separately by the radiology group)

Total of Standard Charges:

\$ 1015.00

Radiology Services

Copays, deductibles and coinsurances are not factored into these charge amounts since each patient's insurance plan is unique.

Prompt Pay charge amount (70%)----->	\$710.50
Minimum negotiated charge amount (90%) ----->	\$913.50
Maximum negotiated charge amount (95%) ----->	\$ 964.25
Aetna - negotiated charge amount (94%) ----->	\$ 954.10
Anthem Blue Cross - negotiated charge amount (95%) ----->	\$ 964.25
Hometown Health - negotiated charge amount (93%) ----->	\$ 943.95
Cigna - negotiated charge amount (90%) ----->	\$ 913.50
All other insurances - non-negotiated charge amount (100%) ----->	\$ 1015.00

South Lyon Medical Center -- PATIENT DISCOUNT PROGRAMS

For patients with insurance who have a patient balance after insurance has paid -----> 20% patient discount excluding copays.

For patients who do not have insurance coverage -----> 30% patient discount if paid within 60 days and 20% thereafter.

South Lyon Medical Center offers financial assistance based upon income level to uninsured and underinsured patients.

NOTE: For all shoppable services additional charges are possible based on the circumstances of each hospital/clinic visit

South Lyon Medical Center

Shoppable Services Report - Table II (CMS-1717-F2)

Use CTRL-F to SEARCH

CPT Code
 <OR>
HCPCS Code

Revenue Code

Standard Charge

Shoppable Service

Primary Service and Ancillary Services

INPATIENT, OUTPATIENT, SWING BED or SKILLED NURSING FACILITY

5067491 CT SOFT TISSUE NECK W CONTRAST

5067491	CT SOFT TISSUE NECK W CONTRAST	70491TC	350	\$ 1,578.00
RADIOLOGIST - not provided by facility (will be billed separately by the radiology group)				
Total of Standard Charges:				\$ 1,578.00

Radiology Services

Copays, deductibles and coinsurances are not factored into these charge amounts since each patient's insurance plan is unique.

Prompt Pay charge amount (70%)----->	\$ 1,104.60
Minimum negotiated charge amount (90%) ----->	\$ 1,420.20
Maximum negotiated charge amount (95%) ----->	\$ 1,499.10
Aetna - negotiated charge amount (94%) ----->	\$ 1,483.32
Anthem Blue Cross - negotiated charge amount (95%) ----->	\$ 1,499.10
Hometown Health - negotiated charge amount (93%) ----->	\$ 1,467.54
Cigna - negotiated charge amount (90%) ----->	\$ 1,420.20
All other insurances - non-negotiated charge amount (100%) ----->	\$ 1,578.00

South Lyon Medical Center -- PATIENT DISCOUNT PROGRAMS

For patients with insurance who have a patient balance after insurance has paid -----> 20% patient discount excluding copays.
 For patients who do not have insurance coverage -----> 30% patient discount if paid within 60 days and 20% thereafter.

South Lyon Medical Center offers financial assistance based upon income level to uninsured and underinsured patients.

NOTE: For all shoppable services additional charges are possible based on the circumstances of each hospital/clinic visit

South Lyon Medical Center

Shoppable Services Report - Table II
 (CMS-1717-F2)

Use CTRL-F to SEARCH

Shoppable Service	Primary Service and Ancillary Services	CPT Code <OR> HCPCS Code	Revenue Code	Standard Charge
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INPATIENT, OUTPATIENT, SWING BED or SKILLED NURSING FACILITY

5067599 CT L SPINE W CONTRAST

5067599	CT L SPINE W CONTRAST	72132TC	350	\$ 1,447.00
RADIOLOGIST - not provided by facility (will be billed separately by the radiology group)				
Total of Standard Charges:				\$ 1,447.00

Radiology Services

Copays, deductibles and coinsurances are not factored into these charge amounts since each patient's insurance plan is unique.

Prompt Pay charge amount (70%)----->	\$ 1012.90
Minimum negotiated charge amount (90%) ----->	\$ 1,302.30
Maximum negotiated charge amount (95%) ----->	\$ 1,374.65
Aetna - negotiated charge amount (94%) ----->	\$ 1,360.18
Anthem Blue Cross - negotiated charge amount (95%) ----->	\$ 1,374.65
Hometown Health - negotiated charge amount (93%) ----->	\$ 1,345.71
Cigna - negotiated charge amount (90%) ----->	\$ 1,302.30
All other insurances - non-negotiated charge amount (100%) ----->	\$ 1,447.00

South Lyon Medical Center -- PATIENT DISCOUNT PROGRAMS

For patients with insurance who have a patient balance after insurance has paid -----> 20% patient discount excluding copays.
 For patients who do not have insurance coverage -----> 30% patient discount if paid within 60 days and 20% thereafter.

South Lyon Medical Center offers financial assistance based upon income level to uninsured and underinsured patients.

NOTE: For all shoppable services additional charges are possible based on the circumstances of each hospital/clinic visit

South Lyon Medical Center

Shoppable Services Report - Table II
(CMS-1717-F2)

Use CTRL-F to SEARCH

Shoppable Service	Primary Service and Ancillary Services	CPT Code <OR> HCPCS Code	Revenue Code	Standard Charge
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INPATIENT, OUTPATIENT, SWING BED or SKILLED NURSING FACILITY

5140336 MRI TMJ

5140336	MRI TMJ	70336TC	610	\$ 921.00
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RADIOLOGIST - not provided by facility (will be billed separately by the radiology group)

Total of Standard Charges: \$ 921.00

Radiology Services

Copays, deductibles and coinsurances are not factored into these charge amounts since each patient's insurance plan is unique.

Prompt Pay charge amount (70%)----->	\$ 644.70
Minimum negotiated charge amount (90%) ----->	\$ 828.90
Maximum negotiated charge amount (95%) ----->	\$ 874.95
Aetna - negotiated charge amount (94%) ----->	\$ 843.74
Anthem Blue Cross - negotiated charge amount (95%) ----->	\$ 874.95
Hometown Health - negotiated charge amount (93%) ----->	\$ 856.53
Cigna - negotiated charge amount (90%) ----->	\$ 828.90
All other insurances - non-negotiated charge amount (100%) ----->	\$ 921.00

South Lyon Medical Center -- PATIENT DISCOUNT PROGRAMS

For patients with insurance who have a patient balance after insurance has paid -----> 20% patient discount excluding copays.

For patients who do not have insurance coverage -----> 30% patient discount if paid within 60 days and 20% thereafter.

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NOTE: For all shoppable services additional charges are possible based on the circumstances of each hospital/clinic visit

South Lyon Medical Center

Shoppable Services Report - Table II
 (CMS-1717-F2)

Use CTRL-F to SEARCH

Shoppable Service	Primary Service and Ancillary Services	CPT Code <OR> HCPCS Code	Revenue Code	Standard Charge
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INPATIENT, OUTPATIENT, SWING BED or SKILLED NURSING FACILITY

5140540 MRI ORBIT, FACE, NECK W/O

5140540	MRI ORBIT, FACE, NECK W/O	70540TC	610	\$ 1,695.00
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RADIOLOGIST - not provided by facility (will be billed separately by the radiology group)

Total of Standard Charges: \$ 1,695.00

Radiology Services

Copays, deductibles and coinsurances are not factored into these charge amounts since each patient's insurance plan is unique.

Prompt Pay charge amount (70%)----->	\$ 1,186.50
Minimum negotiated charge amount (90%) ----->	\$ 1,525.50
Maximum negotiated charge amount (95%) ----->	\$ 1,610.25
Aetna - negotiated charge amount (94%) ----->	\$ 1,595.30
Anthem Blue Cross - negotiated charge amount (95%) ----->	\$ 1,610.25
Hometown Health - negotiated charge amount (93%) ----->	\$ 1,576.35
Cigna - negotiated charge amount (90%) ----->	\$ 1,525.50
All other insurances - non-negotiated charge amount (100%) ----->	\$ 1,695.00

South Lyon Medical Center -- PATIENT DISCOUNT PROGRAMS

For patients with insurance who have a patient balance after insurance has paid -----> 20% patient discount excluding copays.

For patients who do not have insurance coverage -----> 30% patient discount if paid within 60 days and 20% thereafter.

South Lyon Medical Center offers financial assistance based upon income level to uninsured and underinsured patients.

NOTE: For all shoppable services additional charges are possible based on the circumstances of each hospital/clinic visit

South Lyon Medical Center

Shoppable Services Report - Table II
(CMS-1717-F2)

Use CTRL-F to SEARCH

Shoppable Service	Primary Service and Ancillary Services	CPT Code <OR> HCPCS Code	Revenue Code	Standard Charge
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INPATIENT, OUTPATIENT, SWING BED or SKILLED NURSING FACILITY

5140542 MRI ORBIT, FACE, NECK W CONTRAST

5140542	MRI ORBIT, FACE, NECK W CONTRAST	70542TC	610	\$ 1,903.00
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RADIOLOGIST - not provided by facility (will be billed separately by the radiology group)

Total of Standard Charges: \$ 1,903.00

Radiology Services

Copays, deductibles and coinsurances are not factored into these charge amounts since each patient's insurance plan is unique.

Prompt Pay charge amount (70%)----->	\$ 1,332.10
Minimum negotiated charge amount (90%) ----->	\$ 1,712.70
Maximum negotiated charge amount (95%) ----->	\$ 1,807.85
Aetna - negotiated charge amount (94%) ----->	\$ 1,788.82
Anthem Blue Cross - negotiated charge amount (95%) ----->	\$ 1,807.85
Hometown Health - negotiated charge amount (93%) ----->	\$ 1,769.79
Cigna - negotiated charge amount (90%) ----->	\$ 1,712.70
All other insurances - non-negotiated charge amount (100%) ----->	\$ 1,903.00

South Lyon Medical Center -- PATIENT DISCOUNT PROGRAMS

For patients with insurance who have a patient balance after insurance has paid -----> 20% patient discount excluding copays.

For patients who do not have insurance coverage -----> 30% patient discount if paid within 60 days and 20% thereafter.

South Lyon Medical Center offers financial assistance based upon income level to uninsured and underinsured patients.

NOTE: For all shoppable services additional charges are possible based on the circumstances of each hospital/clinic visit

South Lyon Medical Center

Shoppable Services Report - Table II
 (CMS-1717-F2)

Use CTRL-F to SEARCH

Shoppable Service	Primary Service and Ancillary Services	CPT Code <OR> HCPCS Code	Revenue Code	Standard Charge
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INPATIENT, OUTPATIENT, SWING BED or SKILLED NURSING FACILITY

5140543 MRI ORBIT, FACE, NECK W/VO

5140543	MRI ORBIT, FACE, NECK W/VO	70543TC	610	\$ 3,332.00
RADIOLOGIST - not provided by facility (will be billed separately by the radiology group)				
Total of Standard Charges:				\$ 3,332.00

Radiology Services

Copays, deductibles and coinsurances are not factored into these charge amounts since each patient's insurance plan is unique.

Prompt Pay charge amount (70%)----->	\$ 2,332.40
Minimum negotiated charge amount (90%) ----->	\$ 2,998.80
Maximum negotiated charge amount (95%) ----->	\$ 3,165.40
Aetna - negotiated charge amount (94%) ----->	\$ 3,132.08
Anthem Blue Cross - negotiated charge amount (95%) ----->	\$ 3,165.40
Hometown Health - negotiated charge amount (93%) ----->	\$ 3,098.76
Cigna - negotiated charge amount (90%) ----->	\$ 2,998.80
All other insurances - non-negotiated charge amount (100%) ----->	\$ 3,332.00

South Lyon Medical Center -- PATIENT DISCOUNT PROGRAMS

For patients with insurance who have a patient balance after insurance has paid -----> 20% patient discount excluding copays.

For patients who do not have insurance coverage -----> 30% patient discount if paid within 60 days and 20% thereafter.

South Lyon Medical Center offers financial assistance based upon income level to uninsured and underinsured patients.

NOTE: For all shoppable services additional charges are possible based on the circumstances of each hospital/clinic visit

South Lyon Medical Center

Shoppable Services Report - Table II
(CMS-1717-F2)

Use CTRL-F to SEARCH

CPT Code <OR> HCPCS Code	Revenue Code	Standard Charge
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Shoppable Service	Primary Service and Ancillary Services
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INPATIENT, OUTPATIENT, SWING BED or SKILLED NURSING FACILITY

5140544 MRA HEAD WO CONTRAST

5140544	MRA HEAD WO CONTRAST	70544TC	610	\$ 1,906.00
RADIOLOGIST - not provided by facility (will be billed separately by the radiology group)				
Total of Standard Charges:				\$ 1,906.00

Radiology Services

Copays, deductibles and coinsurances are not factored into these charge amounts since each patient's insurance plan is unique.

Prompt Pay charge amount (70%)----->	\$ 1,334.20
Minimum negotiated charge amount (90%) ----->	\$ 1,715.40
Maximum negotiated charge amount (95%) ----->	\$ 1,810.70
Aetna - negotiated charge amount (94%) ----->	\$ 1,791.64
Anthem Blue Cross - negotiated charge amount (95%) ----->	\$ 1,810.70
Hometown Health - negotiated charge amount (93%) ----->	\$ 1,772.58
Cigna - negotiated charge amount (90%) ----->	\$ 1,715.40
All other insurances - non-negotiated charge amount (100%) ----->	\$ 1,906.00

South Lyon Medical Center -- PATIENT DISCOUNT PROGRAMS

For patients with insurance who have a patient balance after insurance has paid -----> 20% patient discount excluding copays.

For patients who do not have insurance coverage -----> 30% patient discount if paid within 60 days and 20% thereafter.

South Lyon Medical Center offers financial assistance based upon income level to uninsured and underinsured patients.

NOTE: For all shoppable services additional charges are possible based on the circumstances of each hospital/clinic visit

South Lyon Medical Center

Shoppable Services Report - Table II
 (CMS-1717-F2)

Use CTRL-F to SEARCH

CPT Code
 <OR>
HCPCS Code

Revenue Code

Standard Charge

Shoppable Service **Primary Service and Ancillary Services**

INPATIENT, OUTPATIENT, SWING BED or SKILLED NURSING FACILITY

5140547 MRA NECK W/O CONTRAST

5140547	MRA NECK W/O CONTRAST	70547TC	610	\$ 1,840.00
RADIOLOGIST - not provided by facility (will be billed separately by the radiology group)				
			Total of Standard Charges:	\$ 1,840.00

Radiology Services

Copays, deductibles and coinsurances are not factored into these charge amounts since each patient's insurance plan is unique.

Prompt Pay charge amount (70%)----->	\$ 1,288.00
Minimum negotiated charge amount (90%) ----->	\$ 1,656.00
Maximum negotiated charge amount (95%) ----->	\$ 1,748.00
Aetna - negotiated charge amount (94%) ----->	\$ 1,729.60
Anthem Blue Cross - negotiated charge amount (95%) ----->	\$ 1,748.00
Hometown Health - negotiated charge amount (93%) ----->	\$ 1,711.20
Cigna - negotiated charge amount (90%) ----->	\$ 1,656.00
All other insurances - non-negotiated charge amount (100%) ----->	\$ 1,840.00

South Lyon Medical Center -- PATIENT DISCOUNT PROGRAMS

For patients with insurance who have a patient balance after insurance has paid -----> 20% patient discount excluding copays.

For patients who do not have insurance coverage -----> 30% patient discount if paid within 60 days and 20% thereafter.

South Lyon Medical Center offers financial assistance based upon income level to uninsured and underinsured patients.

NOTE: For all shoppable services additional charges are possible based on the circumstances of each hospital/clinic visit

South Lyon Medical Center

Shoppable Services Report - Table II
(CMS-1717-F2)

Use CTRL-F to SEARCH

CPT Code
<OR>
HCPCS Code

Revenue Code

Standard Charge

Shoppable Service

Primary Service and Ancillary Services

INPATIENT, OUTPATIENT, SWING BED or SKILLED NURSING FACILITY

5140548 MRA NECK W CONTRAST

5140548	MRA NECK W CONTRAST	70548TC	610	\$ 2,376.00
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RADIOLOGIST - not provided by facility (will be billed separately by the radiology group)

Total of Standard Charges: \$ 2,376.00

Radiology Services

Copays, deductibles and coinsurances are not factored into these charge amounts since each patient's insurance plan is unique.

Prompt Pay charge amount (70%)----->	\$ 1,663.20
Minimum negotiated charge amount (90%) ----->	\$ 2,138.40
Maximum negotiated charge amount (95%) ----->	\$ 2,257.20
Aetna - negotiated charge amount (94%) ----->	\$ 2,233.44
Anthem Blue Cross - negotiated charge amount (95%) ----->	\$ 2,257.20
Hometown Health - negotiated charge amount (93%) ----->	\$ 2,209.68
Cigna - negotiated charge amount (90%) ----->	\$ 2,084.40
All other insurances - non-negotiated charge amount (100%) ----->	\$ 2,376.00

South Lyon Medical Center -- PATIENT DISCOUNT PROGRAMS

For patients with insurance who have a patient balance after insurance has paid -----> 20% patient discount excluding copays.

For patients who do not have insurance coverage -----> 30% patient discount if paid within 60 days and 20% thereafter.

South Lyon Medical Center offers financial assistance based upon income level to uninsured and underinsured patients.

NOTE: For all shoppable services additional charges are possible based on the circumstances of each hospital/clinic visit

South Lyon Medical Center

Shoppable Services Report - Table II
 (CMS-1717-F2)

Use CTRL-F to SEARCH

Shoppable Service	Primary Service and Ancillary Services	CPT Code <OR> HCPCS Code	Revenue Code	Standard Charge
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INPATIENT, OUTPATIENT, SWING BED or SKILLED NURSING FACILITY

5140549 MRA NECK W/WO CONTRAST

5140549	MRA NECK W/WO CONTRAST	70549TC	610	\$ 2,200.00
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RADIOLOGIST - not provided by facility (will be billed separately by the radiology group)

Total of Standard Charges: \$ 2,200.00

Radiology Services

Copays, deductibles and coinsurances are not factored into these charge amounts since each patient's insurance plan is unique.

Prompt Pay charge amount (70%)----->	\$ 1,540.00
Minimum negotiated charge amount (90%) ----->	\$ 1,980.00
Maximum negotiated charge amount (95%) ----->	\$ 2,090.00
Aetna - negotiated charge amount (94%) ----->	\$ 2,068.00
Anthem Blue Cross - negotiated charge amount (95%) ----->	\$ 2,090.00
Hometown Health - negotiated charge amount (93%) ----->	\$ 2,046.00
Cigna - negotiated charge amount (90%) ----->	\$ 1,980.00
All other insurances - non-negotiated charge amount (100%) ----->	\$ 2,200.00

South Lyon Medical Center -- PATIENT DISCOUNT PROGRAMS

For patients with insurance who have a patient balance after insurance has paid -----> 20% patient discount excluding copays.

For patients who do not have insurance coverage -----> 30% patient discount if paid within 60 days and 20% thereafter.

South Lyon Medical Center offers financial assistance based upon income level to uninsured and underinsured patients.

NOTE: For all shoppable services additional charges are possible based on the circumstances of each hospital/clinic visit

South Lyon Medical Center

Shoppable Services Report - Table II
(CMS-1717-F2)

Use CTRL-F to SEARCH

Shoppable Service	Primary Service and Ancillary Services	CPT Code <OR> HCPCS Code	Revenue Code	Standard Charge
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INPATIENT, OUTPATIENT, SWING BED or SKILLED NURSING FACILITY

5140551 MRI BRAIN W/O CONT

5140551	MRI BRAIN W/O CONT	70551TC	610	\$ 1,676.00
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RADIOLOGIST - not provided by facility (will be billed separately by the radiology group)

Total of Standard Charges: \$ 1,676.00

Radiology Services

Copays, deductibles and coinsurances are not factored into these charge amounts since each patient's insurance plan is unique.

Prompt Pay charge amount (70%)----->	\$ 1,173.20
Minimum negotiated charge amount (90%) ----->	\$ 1,508.40
Maximum negotiated charge amount (95%) ----->	\$ 1,592.20
Aetna - negotiated charge amount (94%) ----->	\$ 1,575.44
Anthem Blue Cross - negotiated charge amount (95%) ----->	\$ 1,592.20
Hometown Health - negotiated charge amount (93%) ----->	\$ 1,558.68
Cigna - negotiated charge amount (90%) ----->	\$ 1,508.40
All other insurances - non-negotiated charge amount (100%) ----->	\$ 1,676.00

South Lyon Medical Center -- PATIENT DISCOUNT PROGRAMS

For patients with insurance who have a patient balance after insurance has paid -----> 20% patient discount excluding copays.

For patients who do not have insurance coverage -----> 30% patient discount if paid within 60 days and 20% thereafter.

South Lyon Medical Center offers financial assistance based upon income level to uninsured and underinsured patients.

NOTE: For all shoppable services additional charges are possible based on the circumstances of each hospital/clinic visit

South Lyon Medical Center

Shoppable Services Report - Table II
(CMS-1717-F2)

Use CTRL-F to SEARCH

Shoppable Service	Primary Service and Ancillary Services	CPT Code <OR> HCPCS Code	Revenue Code	Standard Charge
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INPATIENT, OUTPATIENT, SWING BED or SKILLED NURSING FACILITY

5140552 MRI BRAIN WITH CONTRAST

5140552	MRI BRAIN WITH CONTRAST	70552TC	610	\$ 2,270.00
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RADIOLOGIST - not provided by facility (will be billed separately by the radiology group)

Total of Standard Charges: \$ 2,270.00

Radiology Services

Copays, deductibles and coinsurances are not factored into these charge amounts since each patient's insurance plan is unique.

Prompt Pay charge amount (70%)----->	\$ 1,589.00
Minimum negotiated charge amount (90%) ----->	\$ 2,043.00
Maximum negotiated charge amount (95%) ----->	\$ 2,156.50
Aetna - negotiated charge amount (94%) ----->	\$ 2,133.80
Anthem Blue Cross - negotiated charge amount (95%) ----->	\$ 2,156.50
Hometown Health - negotiated charge amount (93%) ----->	\$ 2,111.10
Cigna - negotiated charge amount (90%) ----->	\$ 2,043.00
All other insurances - non-negotiated charge amount (100%) ----->	\$ 2,270.00

South Lyon Medical Center -- PATIENT DISCOUNT PROGRAMS

For patients with insurance who have a patient balance after insurance has paid -----> 20% patient discount excluding copays.

For patients who do not have insurance coverage -----> 30% patient discount if paid within 60 days and 20% thereafter.

South Lyon Medical Center offers financial assistance based upon income level to uninsured and underinsured patients.

NOTE: For all shoppable services additional charges are possible based on the circumstances of each hospital/clinic visit

South Lyon Medical Center

Shoppable Services Report - Table II (CMS-1717-F2)

Use CTRL-F to SEARCH

Shoppable Service	Primary Service and Ancillary Services	CPT Code <OR> HCPCS Code	Revenue Code	Standard Charge
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INPATIENT, OUTPATIENT, SWING BED or SKILLED NURSING FACILITY

5140553 MRI BRAIN W/WO CONTRAST

5140553	MRI BRAIN W/WO CONTRAST	70553TC	610	\$ 2,995.00
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RADIOLOGIST - not provided by facility (will be billed separately by the radiology group)

Total of Standard Charges: \$ 2,995.00

CMS-Specified Shoppable Service

Radiology Services

Copays, deductibles and coinsurances are not factored into these charge amounts since each patient's insurance plan is unique.

Prompt Pay charge amount (70%)----->	\$ 2,096.50
Minimum negotiated charge amount (90%) ----->	\$ 2,695.50
Maximum negotiated charge amount (95%) ----->	\$ 2,845.25
Aetna - negotiated charge amount (94%) ----->	\$ 2,815.30
Anthem Blue Cross - negotiated charge amount (95%) ----->	\$ 2,845.25
Hometown Health - negotiated charge amount (93%) ----->	\$ 2,785.35
Cigna - negotiated charge amount (90%) ----->	\$ 2,695.50
All other insurances - non-negotiated charge amount (100%) ----->	\$ 2,995.00

South Lyon Medical Center -- PATIENT DISCOUNT PROGRAMS

For patients with insurance who have a patient balance after insurance has paid -----> 20% patient discount excluding copays.

For patients who do not have insurance coverage -----> 30% patient discount if paid within 60 days and 20% thereafter.

South Lyon Medical Center offers financial assistance based upon income level to uninsured and underinsured patients.

NOTE: For all shoppable services additional charges are possible based on the circumstances of each hospital/clinic visit

South Lyon Medical Center

Shoppable Services Report - Table II
(CMS-1717-F2)

Use CTRL-F to SEARCH

Shoppable Service	Primary Service and Ancillary Services	CPT Code <OR> HCPCS Code	Revenue Code	Standard Charge
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INPATIENT, OUTPATIENT, SWING BED or SKILLED NURSING FACILITY

5141550 MRI CHEST W/O CONTRAST

5141550	MRI CHEST W/O CONTRAST	71550TC	610	\$ 908.00
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RADIOLOGIST - not provided by facility (will be billed separately by the radiology group)

Total of Standard Charges: \$ 908.00

Radiology Services

Copays, deductibles and coinsurances are not factored into these charge amounts since each patient's insurance plan is unique.

Prompt Pay charge amount (70%)----->	\$ 635.60
Minimum negotiated charge amount (90%) ----->	\$ 817.20
Maximum negotiated charge amount (95%) ----->	\$ 862.60
Aetna - negotiated charge amount (94%) ----->	\$ 853.52
Anthem Blue Cross - negotiated charge amount (95%) ----->	\$ 862.60
Hometown Health - negotiated charge amount (93%) ----->	\$ 844.44
Cigna - negotiated charge amount (90%) ----->	\$ 817.20
All other insurances - non-negotiated charge amount (100%) ----->	\$ 908.00

South Lyon Medical Center -- PATIENT DISCOUNT PROGRAMS

For patients with insurance who have a patient balance after insurance has paid -----> 20% patient discount excluding copays.

For patients who do not have insurance coverage -----> 30% patient discount if paid within 60 days and 20% thereafter.

South Lyon Medical Center offers financial assistance based upon income level to uninsured and underinsured patients.

NOTE: For all shoppable services additional charges are possible based on the circumstances of each hospital/clinic visit

South Lyon Medical Center

Shoppable Services Report - Table II
(CMS-1717-F2)

Use CTRL-F to SEARCH

CPT Code
<OR>
HCPCS Code

Revenue Code

Standard Charge

Shoppable Service

Primary Service and Ancillary Services

INPATIENT, OUTPATIENT, SWING BED or SKILLED NURSING FACILITY

5141551 MRI CHEST W CONTRAST

5141551 MRI CHEST W CONTRAST

71551TC

610

\$ 1,087.00

RADIOLOGIST - not provided by facility (will be billed separately by the radiology group)

Total of Standard Charges:

\$ 1,087.00

Radiology Services

Copays, deductibles and coinsurances are not factored into these charge amounts since each patient's insurance plan is unique.

Prompt Pay charge amount (70%)----->	\$ 760.90
Minimum negotiated charge amount (90%) ----->	\$ 978.30
Maximum negotiated charge amount (95%) ----->	\$ 1,032.65
Aetna - negotiated charge amount (94%) ----->	\$ 1,021.78
Anthem Blue Cross - negotiated charge amount (95%) ----->	\$ 1,032.65
Hometown Health - negotiated charge amount (93%) ----->	\$ 1,010.91
Cigna - negotiated charge amount (90%) ----->	\$ 953.10
All other insurances - non-negotiated charge amount (100%) ----->	\$ 1,087.00

South Lyon Medical Center -- PATIENT DISCOUNT PROGRAMS

For patients with insurance who have a patient balance after insurance has paid -----> 20% patient discount excluding copays.

For patients who do not have insurance coverage -----> 30% patient discount if paid within 60 days and 20% thereafter.

South Lyon Medical Center offers financial assistance based upon income level to uninsured and underinsured patients.

NOTE: For all shoppable services additional charges are possible based on the circumstances of each hospital/clinic visit

South Lyon Medical Center

Shoppable Services Report - Table II
 (CMS-1717-F2)

Use CTRL-F to SEARCH

CPT Code
 <OR>
HCPCS Code

Revenue Code

Standard Charge

Shoppable Service **Primary Service and Ancillary Services**

INPATIENT, OUTPATIENT, SWING BED or SKILLED NURSING FACILITY

5141552 MRI CHEST W/WO CONTRAST

5141552	MRI CHEST W/WO CONTRAST	71552TC	610	\$ 1,233.00
RADIOLOGIST - not provided by facility (will be billed separately by the radiology group)				
			Total of Standard Charges:	\$ 1,233.00

Radiology Services

Copays, deductibles and coinsurances are not factored into these charge amounts since each patient's insurance plan is unique.

Prompt Pay charge amount (70%)----->	\$ 863.10
Minimum negotiated charge amount (90%) ----->	\$ 1,109.70
Maximum negotiated charge amount (95%) ----->	\$ 1,171.35
Aetna - negotiated charge amount (94%) ----->	\$ 1,159.02
Anthem Blue Cross - negotiated charge amount (95%) ----->	\$ 1,171.35
Hometown Health - negotiated charge amount (93%) ----->	\$ 1,146.69
Cigna - negotiated charge amount (90%) ----->	\$ 1,109.70
All other insurances - non-negotiated charge amount (100%) ----->	\$ 1,233.00

South Lyon Medical Center -- PATIENT DISCOUNT PROGRAMS

For patients with insurance who have a patient balance after insurance has paid -----> 20% patient discount excluding copays.

For patients who do not have insurance coverage -----> 30% patient discount if paid within 60 days and 20% thereafter.

South Lyon Medical Center offers financial assistance based upon income level to uninsured and underinsured patients.

NOTE: For all shoppable services additional charges are possible based on the circumstances of each hospital/clinic visit

South Lyon Medical Center

Shoppable Services Report - Table II
(CMS-1717-F2)

Use CTRL-F to SEARCH

Shoppable Service	Primary Service and Ancillary Services	CPT Code <OR> HCPCS Code	Revenue Code	Standard Charge
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INPATIENT, OUTPATIENT, SWING BED or SKILLED NURSING FACILITY

5141555 MRA CHEST W/WO CONTRAST

5141555	MRA CHEST W/WO CONTRAST	71555TC	610	\$ 1,231.00
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RADIOLOGIST - not provided by facility (will be billed separately by the radiology group)

Total of Standard Charges: \$ 1,231.00

Radiology Services

Copays, deductibles and coinsurances are not factored into these charge amounts since each patient's insurance plan is unique.

Prompt Pay charge amount (70%)----->	\$ 861.70
Minimum negotiated charge amount (90%) ----->	\$ 1,107.90
Maximum negotiated charge amount (95%) ----->	\$ 1,169.45
Aetna - negotiated charge amount (94%) ----->	\$ 1,157.14
Anthem Blue Cross - negotiated charge amount (95%) ----->	\$ 1,169.45
Hometown Health - negotiated charge amount (93%) ----->	\$ 1,144.83
Cigna - negotiated charge amount (90%) ----->	\$ 1,107.90
All other insurances - non-negotiated charge amount (100%) ----->	\$ 1,231.00

South Lyon Medical Center -- PATIENT DISCOUNT PROGRAMS

For patients with insurance who have a patient balance after insurance has paid -----> 20% patient discount excluding copays.

For patients who do not have insurance coverage -----> 30% patient discount if paid within 60 days and 20% thereafter.

South Lyon Medical Center offers financial assistance based upon income level to uninsured and underinsured patients.

NOTE: For all shoppable services additional charges are possible based on the circumstances of each hospital/clinic visit

South Lyon Medical Center

Shoppable Services Report - Table II
(CMS-1717-F2)

Use CTRL-F to SEARCH

CPT Code
<OR>
HCPCS Code

Revenue Code

Standard Charge

Shoppable Service

Primary Service and Ancillary Services

INPATIENT, OUTPATIENT, SWING BED or SKILLED NURSING FACILITY

5142141 MRI C SPINE WO CONTRAST

5142141	MRI C SPINE WO CONTRAST	72141TC	610	\$ 2,228.00
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RADIOLOGIST - not provided by facility (will be billed separately by the radiology group)

Total of Standard Charges: \$ 2,228.00

Radiology Services

Copays, deductibles and coinsurances are not factored into these charge amounts since each patient's insurance plan is unique.

Prompt Pay charge amount (70%)----->	\$ 1,559.60
Minimum negotiated charge amount (90%) ----->	\$ 2,005.20
Maximum negotiated charge amount (95%) ----->	\$ 2,116.60
Aetna - negotiated charge amount (94%) ----->	\$ 2,094.32
Anthem Blue Cross - negotiated charge amount (95%) ----->	\$ 2,116.60
Hometown Health - negotiated charge amount (93%) ----->	\$ 2,072.04
Cigna - negotiated charge amount (90%) ----->	\$ 2,005.20
All other insurances - non-negotiated charge amount (100%) ----->	\$ 2,228.00

South Lyon Medical Center -- PATIENT DISCOUNT PROGRAMS

For patients with insurance who have a patient balance after insurance has paid -----> 20% patient discount excluding copays.

For patients who do not have insurance coverage -----> 30% patient discount if paid within 60 days and 20% thereafter.

South Lyon Medical Center offers financial assistance based upon income level to uninsured and underinsured patients.

NOTE: For all shoppable services additional charges are possible based on the circumstances of each hospital/clinic visit

South Lyon Medical Center

Shoppable Services Report - Table II (CMS-1717-F2)

Use CTRL-F to SEARCH

Shoppable Service	Primary Service and Ancillary Services	CPT Code <OR> HCPCS Code	Revenue Code	Standard Charge
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INPATIENT, OUTPATIENT, SWING BED or SKILLED NURSING FACILITY

5142142 MRI C SPINE W CONTRAST

5142142	MRI C SPINE W CONTRAST	72142TC	610	\$ 1,118.00
RADIOLOGIST - not provided by facility (will be billed separately by the radiology group)				
Total of Standard Charges:				\$ 1,118.00

Radiology Services

Copays, deductibles and coinsurances are not factored into these charge amounts since each patient's insurance plan is unique.

Prompt Pay charge amount (70%)----->	\$ 782.60
Minimum negotiated charge amount (90%) ----->	\$ 1006.20
Maximum negotiated charge amount (95%) ----->	\$ 1,062.10
Aetna - negotiated charge amount (94%) ----->	\$ 1,050.92
Anthem Blue Cross - negotiated charge amount (95%) ----->	\$ 1,062.10
Hometown Health - negotiated charge amount (93%) ----->	\$ 1,039.74
Cigna - negotiated charge amount (90%) ----->	\$ 1006.20
All other insurances - non-negotiated charge amount (100%) ----->	\$ 1,118.00

South Lyon Medical Center -- PATIENT DISCOUNT PROGRAMS

For patients with insurance who have a patient balance after insurance has paid -----> 20% patient discount excluding copays.
 For patients who do not have insurance coverage -----> 30% patient discount if paid within 60 days and 20% thereafter.

South Lyon Medical Center offers financial assistance based upon income level to uninsured and underinsured patients.

NOTE: For all shoppable services additional charges are possible based on the circumstances of each hospital/clinic visit

South Lyon Medical Center

Shoppable Services Report - Table II
(CMS-1717-F2)

Use CTRL-F to SEARCH

Shoppable Service	Primary Service and Ancillary Services	CPT Code <OR> HCPCS Code	Revenue Code	Standard Charge
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INPATIENT, OUTPATIENT, SWING BED or SKILLED NURSING FACILITY

5142146 MRI T SPINE W/O CONTRAST

5142146	MRI T SPINE W/O CONTRAST	72146TC	610	\$ 1,695.00
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RADIOLOGIST - not provided by facility (will be billed separately by the radiology group)

Total of Standard Charges: \$ 1,695.00

Radiology Services

Copays, deductibles and coinsurances are not factored into these charge amounts since each patient's insurance plan is unique.

Prompt Pay charge amount (70%)----->	\$ 1,186.50
Minimum negotiated charge amount (90%) ----->	\$ 1,525.50
Maximum negotiated charge amount (95%) ----->	\$ 1,569.40
Aetna - negotiated charge amount (94%) ----->	\$ 1,593.30
Anthem Blue Cross - negotiated charge amount (95%) ----->	\$ 1,569.40
Hometown Health - negotiated charge amount (93%) ----->	\$ 1,576.35
Cigna - negotiated charge amount (90%) ----->	\$ 1,525.50
All other insurances - non-negotiated charge amount (100%) ----->	\$ 1,695.00

South Lyon Medical Center -- PATIENT DISCOUNT PROGRAMS

For patients with insurance who have a patient balance after insurance has paid -----> 20% patient discount excluding copays.

For patients who do not have insurance coverage -----> 30% patient discount if paid within 60 days and 20% thereafter.

South Lyon Medical Center offers financial assistance based upon income level to uninsured and underinsured patients.

NOTE: For all shoppable services additional charges are possible based on the circumstances of each hospital/clinic visit

South Lyon Medical Center

Shoppable Services Report - Table II
 (CMS-1717-F2)

Use CTRL-F to SEARCH

CPT Code
 <OR>
HCPCS Code

Revenue Code

Standard Charge

Shoppable Service **Primary Service and Ancillary Services**

INPATIENT, OUTPATIENT, SWING BED or SKILLED NURSING FACILITY

5142147 MRI T SPINE W CONTRAST

5142147	MRI T SPINE W CONTRAST	72147TC	610	\$ 1,903.00
RADIOLOGIST - not provided by facility (will be billed separately by the radiology group)				
			Total of Standard Charges:	\$ 1,903.00

Radiology Services

Copays, deductibles and coinsurances are not factored into these charge amounts since each patient's insurance plan is unique.

Prompt Pay charge amount (70%)----->	\$ 1,332.10
Minimum negotiated charge amount (90%) ----->	\$ 1,712.70
Maximum negotiated charge amount (95%) ----->	\$ 1,807.85
Aetna - negotiated charge amount (94%) ----->	\$ 1,788.82
Anthem Blue Cross - negotiated charge amount (95%) ----->	\$ 1,807.85
Hometown Health - negotiated charge amount (93%) ----->	\$ 1,769.79
Cigna - negotiated charge amount (90%) ----->	\$ 1,712.70
All other insurances - non-negotiated charge amount (100%) ----->	\$ 1,903.00

South Lyon Medical Center -- PATIENT DISCOUNT PROGRAMS

For patients with insurance who have a patient balance after insurance has paid -----> 20% patient discount excluding copays.

For patients who do not have insurance coverage -----> 30% patient discount if paid within 60 days and 20% thereafter.

South Lyon Medical Center offers financial assistance based upon income level to uninsured and underinsured patients.

NOTE: For all shoppable services additional charges are possible based on the circumstances of each hospital/clinic visit

South Lyon Medical Center

Shoppable Services Report - Table II (CMS-1717-F2)

Use CTRL-F to SEARCH

Shoppable Service	Primary Service and Ancillary Services	CPT Code <OR> HCPCS Code	Revenue Code	Standard Charge
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INPATIENT, OUTPATIENT, SWING BED or SKILLED NURSING FACILITY

5142148 MRI L SPINE W/O CONTRAST

5142148	MRI L SPINE W/O CONTRAST	72148TC	610	\$ 1,695.00
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RADIOLOGIST - not provided by facility (will be billed separately by the radiology group)

Total of Standard Charges: \$ 1,695.00

CMS-Specified Shoppable Service

Radiology Services

Copays, deductibles and coinsurances are not factored into these charge amounts since each patient's insurance plan is unique.

Prompt Pay charge amount (70%)----->	\$ 1,186.50
Minimum negotiated charge amount (90%) ----->	\$ 1,525.50
Maximum negotiated charge amount (95%) ----->	\$ 1,610.25
Aetna - negotiated charge amount (94%) ----->	\$ 1,593.30
Anthem Blue Cross - negotiated charge amount (95%) ----->	\$ 1,569.40
Hometown Health - negotiated charge amount (93%) ----->	\$ 1,576.35
Cigna - negotiated charge amount (90%) ----->	\$ 1,610.25
All other insurances - non-negotiated charge amount (100%) ----->	\$ 1,695.00

South Lyon Medical Center -- PATIENT DISCOUNT PROGRAMS

For patients with insurance who have a patient balance after insurance has paid -----> 20% patient discount excluding copays.

For patients who do not have insurance coverage -----> 30% patient discount if paid within 60 days and 20% thereafter.

South Lyon Medical Center offers financial assistance based upon income level to uninsured and underinsured patients.

NOTE: For all shoppable services additional charges are possible based on the circumstances of each hospital/clinic visit

South Lyon Medical Center

Shoppable Services Report - Table II
(CMS-1717-F2)

Use CTRL-F to SEARCH

Shoppable Service	Primary Service and Ancillary Services	CPT Code <OR> HCPCS Code	Revenue Code	Standard Charge
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INPATIENT, OUTPATIENT, SWING BED or SKILLED NURSING FACILITY

5142149 MRI L SPINE W CONTRAST

5142149	MRI L SPINE W CONTRAST	72149TC	610	\$ 1,903.00
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RADIOLOGIST - not provided by facility (will be billed separately by the radiology group)

Total of Standard Charges: \$ 1,903.00

Radiology Services

Copays, deductibles and coinsurances are not factored into these charge amounts since each patient's insurance plan is unique.

Prompt Pay charge amount (70%)----->	\$ 1,332.10
Minimum negotiated charge amount (90%) ----->	\$ 1,712.70
Maximum negotiated charge amount (95%) ----->	\$ 1,807.85
Aetna - negotiated charge amount (94%) ----->	\$ 1,788.82
Anthem Blue Cross - negotiated charge amount (95%) ----->	\$ 1,807.85
Hometown Health - negotiated charge amount (93%) ----->	\$ 1,769.79
Cigna - negotiated charge amount (90%) ----->	\$ 1,712.70
All other insurances - non-negotiated charge amount (100%) ----->	\$ 1,903.00

South Lyon Medical Center -- PATIENT DISCOUNT PROGRAMS

For patients with insurance who have a patient balance after insurance has paid -----> 20% patient discount excluding copays.

For patients who do not have insurance coverage -----> 30% patient discount if paid within 60 days and 20% thereafter.

South Lyon Medical Center offers financial assistance based upon income level to uninsured and underinsured patients.

NOTE: For all shoppable services additional charges are possible based on the circumstances of each hospital/clinic visit

South Lyon Medical Center

Shoppable Services Report - Table II
 (CMS-1717-F2)

Use CTRL-F to SEARCH

Shoppable Service	Primary Service and Ancillary Services	CPT Code <OR> HCPCS Code	Revenue Code	Standard Charge
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INPATIENT, OUTPATIENT, SWING BED or SKILLED NURSING FACILITY

5142156 MRI C SPINE W/WO CONTRAST

5142156	MRI C SPINE W/WO CONTRAST	72156TC	610	\$ 3,108.00
RADIOLOGIST - not provided by facility (will be billed separately by the radiology group)				
Total of Standard Charges:				\$ 3,108.00

Radiology Services

Copays, deductibles and coinsurances are not factored into these charge amounts since each patient's insurance plan is unique.

Prompt Pay charge amount (70%)----->	\$ 2,175.60
Minimum negotiated charge amount (90%) ----->	\$ 2,797.20
Maximum negotiated charge amount (95%) ----->	\$ 2,877.55
Aetna - negotiated charge amount (94%) ----->	\$ 2,921.52
Anthem Blue Cross - negotiated charge amount (95%) ----->	\$ 2,877.55
Hometown Health - negotiated charge amount (93%) ----->	\$ 2,890.44
Cigna - negotiated charge amount (90%) ----->	\$ 2,797.20
All other insurances - non-negotiated charge amount (100%) ----->	\$ 3,108.00

South Lyon Medical Center -- PATIENT DISCOUNT PROGRAMS

For patients with insurance who have a patient balance after insurance has paid -----> 20% patient discount excluding copays.

For patients who do not have insurance coverage -----> 30% patient discount if paid within 60 days and 20% thereafter.

South Lyon Medical Center offers financial assistance based upon income level to uninsured and underinsured patients.

NOTE: For all shoppable services additional charges are possible based on the circumstances of each hospital/clinic visit

South Lyon Medical Center

Shoppable Services Report - Table II
 (CMS-1717-F2)

Use CTRL-F to SEARCH

Shoppable Service	Primary Service and Ancillary Services	CPT Code <OR> HCPCS Code	Revenue Code	Standard Charge
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INPATIENT, OUTPATIENT, SWING BED or SKILLED NURSING FACILITY

5142157 MRI T SPINE W/WO CONTR

5142157	MRI T SPINE W/WO CONTR	72157TC	610	\$ 2,200.00
RADIOLOGIST - not provided by facility (will be billed separately by the radiology group)				
Total of Standard Charges:				\$ 2,200.00

Radiology Services

Copays, deductibles and coinsurances are not factored into these charge amounts since each patient's insurance plan is unique.

Prompt Pay charge amount (70%)----->	\$ 1,540.00
Minimum negotiated charge amount (90%) ----->	\$ 1,980.00
Maximum negotiated charge amount (95%) ----->	\$ 2,090.00
Aetna - negotiated charge amount (94%) ----->	\$ 2,068.00
Anthem Blue Cross - negotiated charge amount (95%) ----->	\$ 2,090.00
Hometown Health - negotiated charge amount (93%) ----->	\$ 2,046.00
Cigna - negotiated charge amount (90%) ----->	\$ 1,980.00
All other insurances - non-negotiated charge amount (100%) ----->	\$ 2,200.00

South Lyon Medical Center -- PATIENT DISCOUNT PROGRAMS

For patients with insurance who have a patient balance after insurance has paid -----> 20% patient discount excluding copays.
 For patients who do not have insurance coverage -----> 30% patient discount if paid within 60 days and 20% thereafter.

South Lyon Medical Center offers financial assistance based upon income level to uninsured and underinsured patients.

NOTE: For all shoppable services additional charges are possible based on the circumstances of each hospital/clinic visit

South Lyon Medical Center

Shoppable Services Report - Table II
(CMS-1717-F2)

Use CTRL-F to SEARCH

Shoppable Service	Primary Service and Ancillary Services	CPT Code <OR> HCPCS Code	Revenue Code	Standard Charge
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INPATIENT, OUTPATIENT, SWING BED or SKILLED NURSING FACILITY

5142158 MRI L SPINE W/WO CONTRAST

5142158	MRI L SPINE W/WO CONTRAST	72158TC	610	\$ 3,064.00
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RADIOLOGIST - not provided by facility (will be billed separately by the radiology group)

Total of Standard Charges: \$ 3,064.00

Radiology Services

Copays, deductibles and coinsurances are not factored into these charge amounts since each patient's insurance plan is unique.

Prompt Pay charge amount (70%)----->	\$ 2,144.80
Minimum negotiated charge amount (90%) ----->	\$ 2,757.60
Maximum negotiated charge amount (95%) ----->	\$ 2,910.80
Aetna - negotiated charge amount (94%) ----->	\$ 2,880.16
Anthem Blue Cross - negotiated charge amount (95%) ----->	\$ 2,910.80
Hometown Health - negotiated charge amount (93%) ----->	\$ 2,849.52
Cigna - negotiated charge amount (90%) ----->	\$ 2,757.60
All other insurances - non-negotiated charge amount (100%) ----->	\$ 3,064.00

South Lyon Medical Center -- PATIENT DISCOUNT PROGRAMS

For patients with insurance who have a patient balance after insurance has paid -----> 20% patient discount excluding copays.

For patients who do not have insurance coverage -----> 30% patient discount if paid within 60 days and 20% thereafter.

South Lyon Medical Center offers financial assistance based upon income level to uninsured and underinsured patients.

NOTE: For all shoppable services additional charges are possible based on the circumstances of each hospital/clinic visit

South Lyon Medical Center

Shoppable Services Report - Table II
(CMS-1717-F2)

Use CTRL-F to SEARCH

CPT Code
<OR>
HCPCS Code

Revenue Code

Standard Charge

Shoppable Service

Primary Service and Ancillary Services

INPATIENT, OUTPATIENT, SWING BED or SKILLED NURSING FACILITY

5142159 MRA SPINE W OR W/O CONTRAST

5142159	MRA SPINE W OR W/O CONTRAST	72159TC	610	\$ 1,042.00
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RADIOLOGIST - not provided by facility (will be billed separately by the radiology group)

Total of Standard Charges: \$ 1,042.00

Radiology Services

Copays, deductibles and coinsurances are not factored into these charge amounts since each patient's insurance plan is unique.

Prompt Pay charge amount (70%)----->	\$ 729.40
Minimum negotiated charge amount (90%) ----->	\$937.80
Maximum negotiated charge amount (95%) ----->	\$ 989.90
Aetna - negotiated charge amount (94%) ----->	\$ 979.48
Anthem Blue Cross - negotiated charge amount (95%) ----->	\$ 989.90
Hometown Health - negotiated charge amount (93%) ----->	\$ 944.88
Cigna - negotiated charge amount (90%) ----->	\$ 969.06
All other insurances - non-negotiated charge amount (100%) ----->	\$ 1,042.00

South Lyon Medical Center -- PATIENT DISCOUNT PROGRAMS

For patients with insurance who have a patient balance after insurance has paid -----> 20% patient discount excluding copays.

For patients who do not have insurance coverage -----> 30% patient discount if paid within 60 days and 20% thereafter.

South Lyon Medical Center offers financial assistance based upon income level to uninsured and underinsured patients.

NOTE: For all shoppable services additional charges are possible based on the circumstances of each hospital/clinic visit

South Lyon Medical Center

Shoppable Services Report - Table II
(CMS-1717-F2)

Use CTRL-F to SEARCH

Shoppable Service	Primary Service and Ancillary Services	CPT Code <OR> HCPCS Code	Revenue Code	Standard Charge
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INPATIENT, OUTPATIENT, SWING BED or SKILLED NURSING FACILITY

5142195 MRI PELVIS W/O CONTRAST

5142195	MRI PELVIS W/O CONTRAST	72195TC	610	\$ 1,695.00
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RADIOLOGIST - not provided by facility (will be billed separately by the radiology group)

Total of Standard Charges: \$ 1,695.00

Radiology Services

Copays, deductibles and coinsurances are not factored into these charge amounts since each patient's insurance plan is unique.

Prompt Pay charge amount (70%)----->	\$ 1,186.50
Minimum negotiated charge amount (90%) ----->	\$ 1,525.50
Maximum negotiated charge amount (95%) ----->	\$ 1,610.25
Aetna - negotiated charge amount (94%) ----->	\$ 1,593.30
Anthem Blue Cross - negotiated charge amount (95%) ----->	\$ 1,610.25
Hometown Health - negotiated charge amount (93%) ----->	\$ 1,576.35
Cigna - negotiated charge amount (90%) ----->	\$ 1,525.50
All other insurances - non-negotiated charge amount (100%) ----->	\$ 1,695.00

South Lyon Medical Center -- PATIENT DISCOUNT PROGRAMS

For patients with insurance who have a patient balance after insurance has paid -----> 20% patient discount excluding copays.

For patients who do not have insurance coverage -----> 30% patient discount if paid within 60 days and 20% thereafter.

South Lyon Medical Center offers financial assistance based upon income level to uninsured and underinsured patients.

NOTE: For all shoppable services additional charges are possible based on the circumstances of each hospital/clinic visit

South Lyon Medical Center

Shoppable Services Report - Table II (CMS-1717-F2)

Use CTRL-F to SEARCH

Shoppable Service	Primary Service and Ancillary Services	CPT Code <OR> HCPCS Code	Revenue Code	Standard Charge
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INPATIENT, OUTPATIENT, SWING BED or SKILLED NURSING FACILITY

5142196 MRI PELVIS W CONTRAST

5142196	MRI PELVIS W CONTRAST	72196TC	610	\$ 1,903.00
RADIOLOGIST - not provided by facility (will be billed separately by the radiology group)				
Total of Standard Charges:				\$ 1,903.00

Radiology Services

Copays, deductibles and coinsurances are not factored into these charge amounts since each patient's insurance plan is unique.

Prompt Pay charge amount (70%)----->	\$ 1,332.10
Minimum negotiated charge amount (90%) ----->	\$ 1,712.70
Maximum negotiated charge amount (95%) ----->	\$ 1,807.85
Aetna - negotiated charge amount (94%) ----->	\$ 1,788.82
Anthem Blue Cross - negotiated charge amount (95%) ----->	\$ 1,807.85
Hometown Health - negotiated charge amount (93%) ----->	\$ 1,769.79
Cigna - negotiated charge amount (90%) ----->	\$ 1,712.70
All other insurances - non-negotiated charge amount (100%) ----->	\$ 1,903.00

South Lyon Medical Center -- PATIENT DISCOUNT PROGRAMS

For patients with insurance who have a patient balance after insurance has paid -----> 20% patient discount excluding copays.
 For patients who do not have insurance coverage -----> 30% patient discount if paid within 60 days and 20% thereafter.

South Lyon Medical Center offers financial assistance based upon income level to uninsured and underinsured patients.

NOTE: For all shoppable services additional charges are possible based on the circumstances of each hospital/clinic visit

South Lyon Medical Center

Shoppable Services Report - Table II
(CMS-1717-F2)

Use CTRL-F to SEARCH

Shoppable Service	Primary Service and Ancillary Services	CPT Code <OR> HCPCS Code	Revenue Code	Standard Charge
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INPATIENT, OUTPATIENT, SWING BED or SKILLED NURSING FACILITY

5142197 MRI PELVIS W/WO CONTRAST

5142197	MRI PELVIS W/WO CONTRAST	72197TC	610	\$ 2,200.00
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RADIOLOGIST - not provided by facility (will be billed separately by the radiology group)

Total of Standard Charges: \$ 2,200.00

Radiology Services

Copays, deductibles and coinsurances are not factored into these charge amounts since each patient's insurance plan is unique.

Prompt Pay charge amount (70%)----->	\$ 1,540.00
Minimum negotiated charge amount (90%) ----->	\$ 1,980.00
Maximum negotiated charge amount (95%) ----->	\$ 2,090.00
Aetna - negotiated charge amount (94%) ----->	\$ 2,068.00
Anthem Blue Cross - negotiated charge amount (95%) ----->	\$ 2,090.00
Hometown Health - negotiated charge amount (93%) ----->	\$ 2,046.00
Cigna - negotiated charge amount (90%) ----->	\$ 1,980.00
All other insurances - non-negotiated charge amount (100%) ----->	\$ 2,200.00

South Lyon Medical Center -- PATIENT DISCOUNT PROGRAMS

For patients with insurance who have a patient balance after insurance has paid -----> 20% patient discount excluding copays.

For patients who do not have insurance coverage -----> 30% patient discount if paid within 60 days and 20% thereafter.

South Lyon Medical Center offers financial assistance based upon income level to uninsured and underinsured patients.

NOTE: For all shoppable services additional charges are possible based on the circumstances of each hospital/clinic visit

South Lyon Medical Center

Shoppable Services Report - Table II
(CMS-1717-F2)

Use CTRL-F to SEARCH

CPT Code
<OR>
HCPCS Code

Revenue Code

Standard Charge

Shoppable Service

Primary Service and Ancillary Services

INPATIENT, OUTPATIENT, SWING BED or SKILLED NURSING FACILITY

5142198 MRA PELVIS W OR W/O CONTRAST

5142198	MRA PELVIS W OR W/O CONTRAST	72198TC	610	\$ 1,824.00
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RADIOLOGIST - not provided by facility (will be billed separately by the radiology group)

Total of Standard Charges: \$ 1,824.00

Radiology Services

Copays, deductibles and coinsurances are not factored into these charge amounts since each patient's insurance plan is unique.

Prompt Pay charge amount (70%)----->	\$ 1,276.80
Minimum negotiated charge amount (90%) ----->	\$ 1,641.60
Maximum negotiated charge amount (95%) ----->	\$ 1,732.80
Aetna - negotiated charge amount (94%) ----->	\$ 1,714.56
Anthem Blue Cross - negotiated charge amount (95%) ----->	\$ 1,732.80
Hometown Health - negotiated charge amount (93%) ----->	\$ 1,696.32
Cigna - negotiated charge amount (90%) ----->	\$ 1,641.60
All other insurances - non-negotiated charge amount (100%) ----->	\$ 1,824.00

South Lyon Medical Center -- PATIENT DISCOUNT PROGRAMS

For patients with insurance who have a patient balance after insurance has paid -----> 20% patient discount excluding copays.

For patients who do not have insurance coverage -----> 30% patient discount if paid within 60 days and 20% thereafter.

South Lyon Medical Center offers financial assistance based upon income level to uninsured and underinsured patients.

NOTE: For all shoppable services additional charges are possible based on the circumstances of each hospital/clinic visit

South Lyon Medical Center

Shoppable Services Report - Table II
 (CMS-1717-F2)

Use CTRL-F to SEARCH

Shoppable Service	Primary Service and Ancillary Services	CPT Code <OR> HCPCS Code	Revenue Code	Standard Charge
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INPATIENT, OUTPATIENT, SWING BED or SKILLED NURSING FACILITY

5143218 MRI UP EXT NONJT W/O CONT LT

5143218	MRI UP EXT NONJT W/O CONT LT	73218TC	610	\$ 1,695.00
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RADIOLOGIST - not provided by facility (will be billed separately by the radiology group)

Total of Standard Charges: \$ 1,695.00

Radiology Services

Copays, deductibles and coinsurances are not factored into these charge amounts since each patient's insurance plan is unique.

Prompt Pay charge amount (70%)----->	\$ 1,186.50
Minimum negotiated charge amount (90%) ----->	\$ 1,525.50
Maximum negotiated charge amount (95%) ----->	\$ 1,612.25
Aetna - negotiated charge amount (94%) ----->	\$ 1,593.30
Anthem Blue Cross - negotiated charge amount (95%) ----->	\$ 1,610.25
Hometown Health - negotiated charge amount (93%) ----->	\$ 1,576.35
Cigna - negotiated charge amount (90%) ----->	\$ 1,525.50
All other insurances - non-negotiated charge amount (100%) ----->	\$ 1,695.00

South Lyon Medical Center -- PATIENT DISCOUNT PROGRAMS

For patients with insurance who have a patient balance after insurance has paid -----> 20% patient discount excluding copays.

For patients who do not have insurance coverage -----> 30% patient discount if paid within 60 days and 20% thereafter.

South Lyon Medical Center offers financial assistance based upon income level to uninsured and underinsured patients.

NOTE: For all shoppable services additional charges are possible based on the circumstances of each hospital/clinic visit

South Lyon Medical Center

Shoppable Services Report - Table II
(CMS-1717-F2)

Use CTRL-F to SEARCH

Shoppable Service	Primary Service and Ancillary Services	CPT Code <OR> HCPCS Code	Revenue Code	Standard Charge
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INPATIENT, OUTPATIENT, SWING BED or SKILLED NURSING FACILITY

5143219 MRI UP EXT NONJT W CON LT

5143219	MRI UP EXT NONJT W CON LT	73219TC	610	\$ 1,903.00
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RADIOLOGIST - not provided by facility (will be billed separately by the radiology group)

Total of Standard Charges: \$ 1,903.00

Radiology Services

Copays, deductibles and coinsurances are not factored into these charge amounts since each patient's insurance plan is unique.

Prompt Pay charge amount (70%)----->	\$ 1,332.10
Minimum negotiated charge amount (90%) ----->	\$ 1,712.70
Maximum negotiated charge amount (95%) ----->	\$ 1,807.85
Aetna - negotiated charge amount (94%) ----->	\$ 1,788.82
Anthem Blue Cross - negotiated charge amount (95%) ----->	\$ 1,870.85
Hometown Health - negotiated charge amount (93%) ----->	\$ 1,769.79
Cigna - negotiated charge amount (90%) ----->	\$ 1,712.70
All other insurances - non-negotiated charge amount (100%) ----->	\$ 1,903.00

South Lyon Medical Center -- PATIENT DISCOUNT PROGRAMS

For patients with insurance who have a patient balance after insurance has paid -----> 20% patient discount excluding copays.

For patients who do not have insurance coverage -----> 30% patient discount if paid within 60 days and 20% thereafter.

South Lyon Medical Center offers financial assistance based upon income level to uninsured and underinsured patients.

NOTE: For all shoppable services additional charges are possible based on the circumstances of each hospital/clinic visit

South Lyon Medical Center

Shoppable Services Report - Table II
 (CMS-1717-F2)

Use CTRL-F to SEARCH

Shoppable Service	Primary Service and Ancillary Services	CPT Code <OR> HCPCS Code	Revenue Code	Standard Charge
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INPATIENT, OUTPATIENT, SWING BED or SKILLED NURSING FACILITY

5143220 MRI UP EXT NONJT W/WO LT

5143220	MRI UP EXT NONJT W/WO LT	73220TC	610	\$ 2,627.00
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RADIOLOGIST - not provided by facility (will be billed separately by the radiology group)

Total of Standard Charges: \$ 2,627.00

Radiology Services

Copays, deductibles and coinsurances are not factored into these charge amounts since each patient's insurance plan is unique.

Prompt Pay charge amount (70%)----->	\$ 1,838.90
Minimum negotiated charge amount (90%) ----->	\$ 2,364.30
Maximum negotiated charge amount (95%) ----->	\$ 2,495.65
Aetna - negotiated charge amount (94%) ----->	\$ 2,469.38
Anthem Blue Cross - negotiated charge amount (95%) ----->	\$ 2,495.65
Hometown Health - negotiated charge amount (93%) ----->	\$ 2,443.11
Cigna - negotiated charge amount (90%) ----->	\$ 2,364.30
All other insurances - non-negotiated charge amount (100%) ----->	\$ 2,627.00

South Lyon Medical Center -- PATIENT DISCOUNT PROGRAMS

For patients with insurance who have a patient balance after insurance has paid -----> 20% patient discount excluding copays.

For patients who do not have insurance coverage -----> 30% patient discount if paid within 60 days and 20% thereafter.

South Lyon Medical Center offers financial assistance based upon income level to uninsured and underinsured patients.

NOTE: For all shoppable services additional charges are possible based on the circumstances of each hospital/clinic visit

South Lyon Medical Center

Shoppable Services Report - Table II (CMS-1717-F2)

Use CTRL-F to SEARCH

Shoppable Service	Primary Service and Ancillary Services	CPT Code <OR> HCPCS Code	Revenue Code	Standard Charge
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INPATIENT, OUTPATIENT, SWING BED or SKILLED NURSING FACILITY

5143221 MRI UP EXT JT W/O CONT LT

5143221	MRI UP EXT JT W/O CONT LT	73221TC	610	\$ 1,676.00
RADIOLOGIST - not provided by facility (will be billed separately by the radiology group)				
Total of Standard Charges:				\$ 1,676.00

Radiology Services

Copays, deductibles and coinsurances are not factored into these charge amounts since each patient's insurance plan is unique.

Prompt Pay charge amount (70%)----->	\$ 1,173.20
Minimum negotiated charge amount (90%) ----->	\$ 1,508.40
Maximum negotiated charge amount (95%) ----->	\$ 1,592.20
Aetna - negotiated charge amount (94%) ----->	\$ 1,575.44
Anthem Blue Cross - negotiated charge amount (95%) ----->	\$ 1,592.20
Hometown Health - negotiated charge amount (93%) ----->	\$ 1,558.68
Cigna - negotiated charge amount (90%) ----->	\$ 1,508.40
All other insurances - non-negotiated charge amount (100%) ----->	\$ 1,676.00

South Lyon Medical Center -- PATIENT DISCOUNT PROGRAMS

For patients with insurance who have a patient balance after insurance has paid -----> 20% patient discount excluding copays.
 For patients who do not have insurance coverage -----> 30% patient discount if paid within 60 days and 20% thereafter.

South Lyon Medical Center offers financial assistance based upon income level to uninsured and underinsured patients.

NOTE: For all shoppable services additional charges are possible based on the circumstances of each hospital/clinic visit

South Lyon Medical Center

Shoppable Services Report - Table II
(CMS-1717-F2)

Use CTRL-F to SEARCH

Shoppable Service	Primary Service and Ancillary Services	CPT Code <OR> HCPCS Code	Revenue Code	Standard Charge
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INPATIENT, OUTPATIENT, SWING BED or SKILLED NURSING FACILITY

5143222 MRI UP EXT JT W CONT LT

5143222	MRI UP EXT JT W CONT LT	73222TC	610	\$ 1,903.00
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RADIOLOGIST - not provided by facility (will be billed separately by the radiology group)

Total of Standard Charges: \$ 1,903.00

Radiology Services

Copays, deductibles and coinsurances are not factored into these charge amounts since each patient's insurance plan is unique.

Prompt Pay charge amount (70%)----->	\$ 1,332.10
Minimum negotiated charge amount (90%) ----->	\$ 1,712.70
Maximum negotiated charge amount (95%) ----->	\$ 1,762.25
Aetna - negotiated charge amount (94%) ----->	\$ 1,807.85
Anthem Blue Cross - negotiated charge amount (95%) ----->	\$ 1,762.25
Hometown Health - negotiated charge amount (93%) ----->	\$ 1,769.79
Cigna - negotiated charge amount (90%) ----->	\$ 1,712.70
All other insurances - non-negotiated charge amount (100%) ----->	\$ 1,903.00

South Lyon Medical Center -- PATIENT DISCOUNT PROGRAMS

For patients with insurance who have a patient balance after insurance has paid -----> 20% patient discount excluding copays.

For patients who do not have insurance coverage -----> 30% patient discount if paid within 60 days and 20% thereafter.

South Lyon Medical Center offers financial assistance based upon income level to uninsured and underinsured patients.

NOTE: For all shoppable services additional charges are possible based on the circumstances of each hospital/clinic visit

South Lyon Medical Center

Shoppable Services Report - Table II
(CMS-1717-F2)

Use CTRL-F to SEARCH

CPT Code
<OR>
HCPCS Code

Revenue Code

Standard Charge

Shoppable Service

Primary Service and Ancillary Services

INPATIENT, OUTPATIENT, SWING BED or SKILLED NURSING FACILITY

5143223 MRI UP EXT JT W/WO CONT LT

5143223 MRI UP EXT JT W/WO CONT LT

73223TC

610

\$ 2,200.00

RADIOLOGIST - not provided by facility (will be billed separately by the radiology group)

Total of Standard Charges:

\$ 2,200.00

Radiology Services

Copays, deductibles and coinsurances are not factored into these charge amounts since each patient's insurance plan is unique.

Prompt Pay charge amount (70%)----->	\$ 1,540.00
Minimum negotiated charge amount (90%) ----->	\$ 1,980.00
Maximum negotiated charge amount (95%) ----->	\$ 2,090.00
Aetna - negotiated charge amount (94%) ----->	\$ 2,068.00
Anthem Blue Cross - negotiated charge amount (95%) ----->	\$ 2,090.00
Hometown Health - negotiated charge amount (93%) ----->	\$ 2,046.00
Cigna - negotiated charge amount (90%) ----->	\$ 1,980.00
All other insurances - non-negotiated charge amount (100%) ----->	\$ 2,200.00

South Lyon Medical Center -- PATIENT DISCOUNT PROGRAMS

For patients with insurance who have a patient balance after insurance has paid -----> 20% patient discount excluding copays.

For patients who do not have insurance coverage -----> 30% patient discount if paid within 60 days and 20% thereafter.

South Lyon Medical Center offers financial assistance based upon income level to uninsured and underinsured patients.

NOTE: For all shoppable services additional charges are possible based on the circumstances of each hospital/clinic visit

South Lyon Medical Center

Shoppable Services Report - Table II
(CMS-1717-F2)

Use CTRL-F to SEARCH

CPT Code
<OR>
HCPCS Code

Revenue Code

Standard Charge

Shoppable Service

Primary Service and Ancillary Services

INPATIENT, OUTPATIENT, SWING BED or SKILLED NURSING FACILITY

5143225 MRA UP EXT JT W OR W/O LT

5143225 MRA UP EXT JT W OR W/O LT

73225TC

610

\$ 1,853.00

RADIOLOGIST - not provided by facility (will be billed separately by the radiology group)

Total of Standard Charges:

\$ 1,853.00

Radiology Services

Copays, deductibles and coinsurances are not factored into these charge amounts since each patient's insurance plan is unique.

Prompt Pay charge amount (70%)----->	\$ 1,297.10
Minimum negotiated charge amount (90%) ----->	\$ 1,667.70
Maximum negotiated charge amount (95%) ----->	\$ 1,715.70
Aetna - negotiated charge amount (94%) ----->	\$ 1,741.82
Anthem Blue Cross - negotiated charge amount (95%) ----->	\$ 1,715.70
Hometown Health - negotiated charge amount (93%) ----->	\$ 1,723.79
Cigna - negotiated charge amount (90%) ----->	\$ 1,667.70
All other insurances - non-negotiated charge amount (100%) ----->	\$ 1,853.00

South Lyon Medical Center -- PATIENT DISCOUNT PROGRAMS

For patients with insurance who have a patient balance after insurance has paid -----> 20% patient discount excluding copays.

For patients who do not have insurance coverage -----> 30% patient discount if paid within 60 days and 20% thereafter.

South Lyon Medical Center offers financial assistance based upon income level to uninsured and underinsured patients.

NOTE: For all shoppable services additional charges are possible based on the circumstances of each hospital/clinic visit

South Lyon Medical Center

Shoppable Services Report - Table II
(CMS-1717-F2)

Use CTRL-F to SEARCH

Shoppable Service	Primary Service and Ancillary Services	CPT Code <OR> HCPCS Code	Revenue Code	Standard Charge
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INPATIENT, OUTPATIENT, SWING BED or SKILLED NURSING FACILITY

5143718 MRI LWR EXT NONJT W/O CONTRAST LT

5143718	MRI LWR EXT NONJT W/O CONTRAST LT	73718TC	610	\$ 1,696.00
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RADIOLOGIST - not provided by facility (will be billed separately by the radiology group)

Total of Standard Charges: \$ 1,696.00

Radiology Services

Copays, deductibles and coinsurances are not factored into these charge amounts since each patient's insurance plan is unique.

Prompt Pay charge amount (70%)----->	\$ 1,187.20
Minimum negotiated charge amount (90%) ----->	\$ 1,526.40
Maximum negotiated charge amount (95%) ----->	\$ 1,611.20
Aetna - negotiated charge amount (94%) ----->	\$ 1,594.24
Anthem Blue Cross - negotiated charge amount (95%) ----->	\$ 1,611.20
Hometown Health - negotiated charge amount (93%) ----->	\$ 1,577.28
Cigna - negotiated charge amount (90%) ----->	\$ 1,526.40
All other insurances - non-negotiated charge amount (100%) ----->	\$ 1,696.00

South Lyon Medical Center -- PATIENT DISCOUNT PROGRAMS

For patients with insurance who have a patient balance after insurance has paid -----> 20% patient discount excluding copays.

For patients who do not have insurance coverage -----> 30% patient discount if paid within 60 days and 20% thereafter.

South Lyon Medical Center offers financial assistance based upon income level to uninsured and underinsured patients.

NOTE: For all shoppable services additional charges are possible based on the circumstances of each hospital/clinic visit

South Lyon Medical Center

Shoppable Services Report - Table II
 (CMS-1717-F2)

Use CTRL-F to SEARCH

Shoppable Service	Primary Service and Ancillary Services	CPT Code <OR> HCPCS Code	Revenue Code	Standard Charge
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INPATIENT, OUTPATIENT, SWING BED or SKILLED NURSING FACILITY

5143719 MRI LWR EXT NONJT W CONTRAST LT

5143719	MRI LWR EXT NONJT W CONTRAST LT	73719TC	610	\$ 1,903.00
RADIOLOGIST - not provided by facility (will be billed separately by the radiology group)				
Total of Standard Charges:				\$ 1,903.00

Radiology Services

Copays, deductibles and coinsurances are not factored into these charge amounts since each patient's insurance plan is unique.

Prompt Pay charge amount (70%)----->	\$ 1,332.10
Minimum negotiated charge amount (90%) ----->	\$ 1,712.70
Maximum negotiated charge amount (95%) ----->	\$ 1,807.85
Aetna - negotiated charge amount (94%) ----->	\$ 1,788.82
Anthem Blue Cross - negotiated charge amount (95%) ----->	\$ 1,807.85
Hometown Health - negotiated charge amount (93%) ----->	\$ 1,769.79
Cigna - negotiated charge amount (90%) ----->	\$ 1,712.70
All other insurances - non-negotiated charge amount (100%) ----->	\$ 1,903.00

South Lyon Medical Center -- PATIENT DISCOUNT PROGRAMS

For patients with insurance who have a patient balance after insurance has paid -----> 20% patient discount excluding copays.
 For patients who do not have insurance coverage -----> 30% patient discount if paid within 60 days and 20% thereafter.

South Lyon Medical Center offers financial assistance based upon income level to uninsured and underinsured patients.

NOTE: For all shoppable services additional charges are possible based on the circumstances of each hospital/clinic visit

South Lyon Medical Center

Shoppable Services Report - Table II
(CMS-1717-F2)

Use CTRL-F to SEARCH

CPT Code
<OR>
HCPCS Code

Revenue Code

Standard Charge

Shoppable Service

Primary Service and Ancillary Services

INPATIENT, OUTPATIENT, SWING BED or SKILLED NURSING FACILITY

5143720 MRI LWR EXT NONJT W/WO CONTRAST LT

5143720	MRI LWR EXT NONJT W/WO CONTRAST LT	73720TC	610	\$ 2,200.00
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RADIOLOGIST - not provided by facility (will be billed separately by the radiology group)

Total of Standard Charges: \$ 2,200.00

Radiology Services

Copays, deductibles and coinsurances are not factored into these charge amounts since each patient's insurance plan is unique.

Prompt Pay charge amount (70%)----->	\$ 1,540.00
Minimum negotiated charge amount (90%) ----->	\$ 1,980.00
Maximum negotiated charge amount (95%) ----->	\$ 2,090.00
Aetna - negotiated charge amount (94%) ----->	\$ 2,068.00
Anthem Blue Cross - negotiated charge amount (95%) ----->	\$ 2,090.00
Hometown Health - negotiated charge amount (93%) ----->	\$ 2,046.00
Cigna - negotiated charge amount (90%) ----->	\$ 1,980.00
All other insurances - non-negotiated charge amount (100%) ----->	\$ 2,200.00

South Lyon Medical Center -- PATIENT DISCOUNT PROGRAMS

For patients with insurance who have a patient balance after insurance has paid -----> 20% patient discount excluding copays.

For patients who do not have insurance coverage -----> 30% patient discount if paid within 60 days and 20% thereafter.

South Lyon Medical Center offers financial assistance based upon income level to uninsured and underinsured patients.

NOTE: For all shoppable services additional charges are possible based on the circumstances of each hospital/clinic visit

South Lyon Medical Center

Shoppable Services Report - Table II
(CMS-1717-F2)

Use CTRL-F to SEARCH

Shoppable Service	Primary Service and Ancillary Services	CPT Code <OR> HCPCS Code	Revenue Code	Standard Charge
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INPATIENT, OUTPATIENT, SWING BED or SKILLED NURSING FACILITY

5143721 MRI LWR EXT JT WO CONTRAST LT

5143721	MRI LWR EXT JT WO CONTRAST LT	73721TC	610	\$ 1,676.00
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RADIOLOGIST - not provided by facility (will be billed separately by the radiology group)

Total of Standard Charges: \$ 1,676.00

CMS-Specified Shoppable Service

Radiology Services

Copays, deductibles and coinsurances are not factored into these charge amounts since each patient's insurance plan is unique.

Prompt Pay charge amount (70%)----->	\$ 1,173.20
Minimum negotiated charge amount (90%) ----->	\$ 1,508.40
Maximum negotiated charge amount (95%) ----->	\$ 1,592.20
Aetna - negotiated charge amount (94%) ----->	\$ 1,575.44
Anthem Blue Cross - negotiated charge amount (95%) ----->	\$ 1,592.20
Hometown Health - negotiated charge amount (93%) ----->	\$ 1,558.68
Cigna - negotiated charge amount (90%) ----->	\$ 1,508.40
All other insurances - non-negotiated charge amount (100%) ----->	\$ 1,676.00

South Lyon Medical Center -- PATIENT DISCOUNT PROGRAMS

For patients with insurance who have a patient balance after insurance has paid -----> 20% patient discount excluding copays.

For patients who do not have insurance coverage -----> 30% patient discount if paid within 60 days and 20% thereafter.

South Lyon Medical Center offers financial assistance based upon income level to uninsured and underinsured patients.

NOTE: For all shoppable services additional charges are possible based on the circumstances of each hospital/clinic visit

South Lyon Medical Center

Shoppable Services Report - Table II
(CMS-1717-F2)

Use CTRL-F to SEARCH

CPT Code
<OR>
HCPCS Code

Revenue Code

Standard Charge

Shoppable Service

Primary Service and Ancillary Services

INPATIENT, OUTPATIENT, SWING BED or SKILLED NURSING FACILITY

5143723 MRI LWR EXT JT W/WO CONTRAST LT

5143723	MRI LWR EXT JT W/WO CONTRAST LT	73723TC	610	\$ 2,200.00
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RADIOLOGIST - not provided by facility (will be billed separately by the radiology group)

Total of Standard Charges: \$ 2,200.00

Radiology Services

Copays, deductibles and coinsurances are not factored into these charge amounts since each patient's insurance plan is unique.

Prompt Pay charge amount (70%)----->	\$ 1,540.00
Minimum negotiated charge amount (90%) ----->	\$ 1,980.00
Maximum negotiated charge amount (95%) ----->	\$ 2,090.00
Aetna - negotiated charge amount (94%) ----->	\$ 2,068.00
Anthem Blue Cross - negotiated charge amount (95%) ----->	\$ 2,090.00
Hometown Health - negotiated charge amount (93%) ----->	\$ 2,046.00
Cigna - negotiated charge amount (90%) ----->	\$ 1,980.00
All other insurances - non-negotiated charge amount (100%) ----->	\$ 2,200.00

South Lyon Medical Center -- PATIENT DISCOUNT PROGRAMS

For patients with insurance who have a patient balance after insurance has paid -----> 20% patient discount excluding copays.

For patients who do not have insurance coverage -----> 30% patient discount if paid within 60 days and 20% thereafter.

South Lyon Medical Center offers financial assistance based upon income level to uninsured and underinsured patients.

NOTE: For all shoppable services additional charges are possible based on the circumstances of each hospital/clinic visit

South Lyon Medical Center

Shoppable Services Report - Table II
 (CMS-1717-F2)

Use CTRL-F to SEARCH

CPT Code
 <OR>
 HCPCS Code

Revenue Code

Standard Charge

Shoppable Service

Primary Service and Ancillary Services

INPATIENT, OUTPATIENT, SWING BED or SKILLED NURSING FACILITY

5143725 MRA LWR EXT W OR W/O CONTRAST

5143725	MRA LWR EXT W OR W/O CONTRAST	73725TC	610	\$ 95300
RADIOLOGIST - not provided by facility (will be billed separately by the radiology group)				
Total of Standard Charges:				\$ 953.00

Radiology Services

Copays, deductibles and coinsurances are not factored into these charge amounts since each patient's insurance plan is unique.

Prompt Pay charge amount (70%)----->	\$ 667.10
Minimum negotiated charge amount (90%) ----->	\$ 857.70
Maximum negotiated charge amount (95%) ----->	\$ 905.35
Aetna - negotiated charge amount (94%) ----->	\$ 895.32
Anthem Blue Cross - negotiated charge amount (95%) ----->	\$ 905.3
Hometown Health - negotiated charge amount (93%) ----->	\$ 886.29
Cigna - negotiated charge amount (90%) ----->	\$ 857.70
All other insurances - non-negotiated charge amount (100%) ----->	\$ 953.00

South Lyon Medical Center -- PATIENT DISCOUNT PROGRAMS

For patients with insurance who have a patient balance after insurance has paid -----> 20% patient discount excluding copays.

For patients who do not have insurance coverage -----> 30% patient discount if paid within 60 days and 20% thereafter.

South Lyon Medical Center offers financial assistance based upon income level to uninsured and underinsured patients.

NOTE: For all shoppable services additional charges are possible based on the circumstances of each hospital/clinic visit

South Lyon Medical Center

Shoppable Services Report - Table II
(CMS-1717-F2)

Use CTRL-F to SEARCH

Shoppable Service	Primary Service and Ancillary Services	CPT Code <OR> HCPCS Code	Revenue Code	Standard Charge
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INPATIENT, OUTPATIENT, SWING BED or SKILLED NURSING FACILITY

5143730 MRI LWR EXT JT W CONTRAST RT

5143730	MRI LWR EXT JT W CONTRAST RT	73722TC	610	\$ 1,903.00
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RADIOLOGIST - not provided by facility (will be billed separately by the radiology group)

Total of Standard Charges: \$ 1,903.00

Radiology Services

Copays, deductibles and coinsurances are not factored into these charge amounts since each patient's insurance plan is unique.

Prompt Pay charge amount (70%)----->	\$ 1,332.10
Minimum negotiated charge amount (90%) ----->	\$ 1,712.70
Maximum negotiated charge amount (95%) ----->	\$ 1,807.85
Aetna - negotiated charge amount (94%) ----->	\$ 1,788.82
Anthem Blue Cross - negotiated charge amount (95%) ----->	\$ 1,807.85
Hometown Health - negotiated charge amount (93%) ----->	\$ 1,769.79
Cigna - negotiated charge amount (90%) ----->	\$ 1,712.70
All other insurances - non-negotiated charge amount (100%) ----->	\$ 1,903.00

South Lyon Medical Center -- PATIENT DISCOUNT PROGRAMS

For patients with insurance who have a patient balance after insurance has paid -----> 20% patient discount excluding copays.

For patients who do not have insurance coverage -----> 30% patient discount if paid within 60 days and 20% thereafter.

South Lyon Medical Center offers financial assistance based upon income level to uninsured and underinsured patients.

NOTE: For all shoppable services additional charges are possible based on the circumstances of each hospital/clinic visit

South Lyon Medical Center

Shoppable Services Report - Table II
 (CMS-1717-F2)

Use CTRL-F to SEARCH

Shoppable Service	Primary Service and Ancillary Services	CPT Code <OR> HCPCS Code	Revenue Code	Standard Charge
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INPATIENT, OUTPATIENT, SWING BED or SKILLED NURSING FACILITY

5144181 MRI ABDOMEN WO CONTRAST

5144181	MRI ABDOMEN WO CONTRAST	74181TC	610	\$ 1,695.00
RADIOLOGIST - not provided by facility (will be billed separately by the radiology group)				
Total of Standard Charges:				\$ 1,695.00

Radiology Services

Copays, deductibles and coinsurances are not factored into these charge amounts since each patient's insurance plan is unique.

Prompt Pay charge amount (70%)----->	\$ 1,186.50
Minimum negotiated charge amount (90%) ----->	\$ 1,525.50
Maximum negotiated charge amount (95%) ----->	\$ 1,610.25
Aetna - negotiated charge amount (94%) ----->	\$ 1,593.30
Anthem Blue Cross - negotiated charge amount (95%) ----->	\$ 1,610.25
Hometown Health - negotiated charge amount (93%) ----->	\$ 1,576.35
Cigna - negotiated charge amount (90%) ----->	\$ 1,525.50
All other insurances - non-negotiated charge amount (100%) ----->	\$ 1,695.00

South Lyon Medical Center -- PATIENT DISCOUNT PROGRAMS

For patients with insurance who have a patient balance after insurance has paid -----> 20% patient discount excluding copays.
 For patients who do not have insurance coverage -----> 30% patient discount if paid within 60 days and 20% thereafter.

South Lyon Medical Center offers financial assistance based upon income level to uninsured and underinsured patients.

NOTE: For all shoppable services additional charges are possible based on the circumstances of each hospital/clinic visit

South Lyon Medical Center

Shoppable Services Report - Table II
(CMS-1717-F2)

Use CTRL-F to SEARCH

Shoppable Service	Primary Service and Ancillary Services	CPT Code <OR> HCPCS Code	Revenue Code	Standard Charge
-------------------	--	--------------------------------	--------------	-----------------

INPATIENT, OUTPATIENT, SWING BED or SKILLED NURSING FACILITY

5144182 MRI ABDOMEN W CONTRAST

5144182	MRI ABDOMEN W CONTRAST	74182TC	610	\$ 1,903.00
RADIOLOGIST - not provided by facility (will be billed separately by the radiology group)				
Total of Standard Charges:				\$ 1,903.00

Radiology Services

Copays, deductibles and coinsurances are not factored into these charge amounts since each patient's insurance plan is unique.

Prompt Pay charge amount (70%)----->	\$ 1,332.10
Minimum negotiated charge amount (90%) ----->	\$ 1,712.70
Maximum negotiated charge amount (95%) ----->	\$ 1,807.85
Aetna - negotiated charge amount (94%) ----->	\$ 1,788.82
Anthem Blue Cross - negotiated charge amount (95%) ----->	\$ 1,807.85
Hometown Health - negotiated charge amount (93%) ----->	\$ 1,769.79
Cigna - negotiated charge amount (90%) ----->	\$ 1,712.70
All other insurances - non-negotiated charge amount (100%) ----->	\$ 1,903.00

South Lyon Medical Center -- PATIENT DISCOUNT PROGRAMS

For patients with insurance who have a patient balance after insurance has paid -----> 20% patient discount excluding copays.

For patients who do not have insurance coverage -----> 30% patient discount if paid within 60 days and 20% thereafter.

South Lyon Medical Center offers financial assistance based upon income level to uninsured and underinsured patients.

NOTE: For all shoppable services additional charges are possible based on the circumstances of each hospital/clinic visit

South Lyon Medical Center

Shoppable Services Report - Table II (CMS-1717-F2)

Use CTRL-F to SEARCH

Shoppable Service	Primary Service and Ancillary Services	CPT Code <OR> HCPCS Code	Revenue Code	Standard Charge
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INPATIENT, OUTPATIENT, SWING BED or SKILLED NURSING FACILITY

5144183 MRI ABDOMEN W AND W/O CONTRAST

5144183	MRI ABDOMEN W AND W/O CONTRAST	74183TC	610	\$ 3,250.00
RADIOLOGIST - not provided by facility (will be billed separately by the radiology group)				
Total of Standard Charges:				\$ 3,250.00

Radiology Services

Copays, deductibles and coinsurances are not factored into these charge amounts since each patient's insurance plan is unique.

Prompt Pay charge amount (70%)----->	\$ 2,275.00
Minimum negotiated charge amount (90%) ----->	\$ 2,925.00
Maximum negotiated charge amount (95%) ----->	\$ 3,087.50
Aetna - negotiated charge amount (94%) ----->	\$ 3,055.00
Anthem Blue Cross - negotiated charge amount (95%) ----->	\$ 3,087.50
Hometown Health - negotiated charge amount (93%) ----->	\$ 3,022.50
Cigna - negotiated charge amount (90%) ----->	\$ 2,925.00
All other insurances - non-negotiated charge amount (100%) ----->	\$ 3,250.00

South Lyon Medical Center -- PATIENT DISCOUNT PROGRAMS

For patients with insurance who have a patient balance after insurance has paid -----> 20% patient discount excluding copays.

For patients who do not have insurance coverage -----> 30% patient discount if paid within 60 days and 20% thereafter.

South Lyon Medical Center offers financial assistance based upon income level to uninsured and underinsured patients.

NOTE: For all shoppable services additional charges are possible based on the circumstances of each hospital/clinic visit

South Lyon Medical Center

Shoppable Services Report - Table II
(CMS-1717-F2)

Use CTRL-F to SEARCH

CPT Code
<OR>
HCPCS Code

Revenue Code

Standard Charge

Shoppable Service

Primary Service and Ancillary Services

INPATIENT, OUTPATIENT, SWING BED or SKILLED NURSING FACILITY

5144185 MRA ABDOMEN W OR W/O CONTRAST

5144185	MRA ABDOMEN W OR W/O CONTRAST	74185TC	610	\$ 1,829.00
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RADIOLOGIST - not provided by facility (will be billed separately by the radiology group)

Total of Standard Charges: \$1,829.00

Radiology Services

Copays, deductibles and coinsurances are not factored into these charge amounts since each patient's insurance plan is unique.

Prompt Pay charge amount (70%)----->	\$ 1,280.30
Minimum negotiated charge amount (90%) ----->	\$ 1,646.10
Maximum negotiated charge amount (95%) ----->	\$ 1,737.55
Aetna - negotiated charge amount (94%) ----->	\$ 1719.26
Anthem Blue Cross - negotiated charge amount (95%) ----->	\$ 1,737.55
Hometown Health - negotiated charge amount (93%) ----->	\$ 1,700.97
Cigna - negotiated charge amount (90%) ----->	\$ 1,646.10
All other insurances - non-negotiated charge amount (100%) ----->	\$ 1,829.00

South Lyon Medical Center -- PATIENT DISCOUNT PROGRAMS

For patients with insurance who have a patient balance after insurance has paid -----> 20% patient discount excluding copays.

For patients who do not have insurance coverage -----> 30% patient discount if paid within 60 days and 20% thereafter.

South Lyon Medical Center offers financial assistance based upon income level to uninsured and underinsured patients.

NOTE: For all shoppable services additional charges are possible based on the circumstances of each hospital/clinic visit

South Lyon Medical Center

Shoppable Services Report - Table II
 (CMS-1717-F2)

Use CTRL-F to SEARCH

Shoppable Service **Primary Service and Ancillary Services** **CPT Code**
<OR> **HCPCS Code** **Revenue Code** **Standard Charge**

INPATIENT, OUTPATIENT, SWING BED or SKILLED NURSING FACILITY

5149580 CT CTA HEAD/NECK W CONTRAST

5149580	CT CTA HEAD/NECK W CONTRAST	70496TC	350	\$ 2,250.00
RADIOLOGIST - not provided by facility (will be billed separately by the radiology group)				
Total of Standard Charges:				\$ 2,250.00

Radiology Services

Copays, deductibles and coinsurances are not factored into these charge amounts since each patient's insurance plan is unique.

Prompt Pay charge amount (70%)----->	\$ 1,575.00
Minimum negotiated charge amount (90%) ----->	\$ 2,025.00
Maximum negotiated charge amount (95%) ----->	\$ 2,137.50
Aetna - negotiated charge amount (94%) ----->	\$ 2,115.00
Anthem Blue Cross - negotiated charge amount (95%) ----->	\$ 2,137.50
Hometown Health - negotiated charge amount (93%) ----->	\$ 2,092.50
Cigna - negotiated charge amount (90%) ----->	\$ 2,025.00
All other insurances - non-negotiated charge amount (100%) ----->	\$ 2,250.00

South Lyon Medical Center -- PATIENT DISCOUNT PROGRAMS

For patients with insurance who have a patient balance after insurance has paid -----> 20% patient discount excluding copays.

For patients who do not have insurance coverage -----> 30% patient discount if paid within 60 days and 20% thereafter.

South Lyon Medical Center offers financial assistance based upon income level to uninsured and underinsured patients.

NOTE: For all shoppable services additional charges are possible based on the circumstances of each hospital/clinic visit

South Lyon Medical Center

Shoppable Services Report - Table II
 (CMS-1717-F2)

Use CTRL-F to SEARCH

Shoppable Service **Primary Service and Ancillary Services** **CPT Code**
<OR> **HCPCS Code** **Revenue Code** **Standard Charge**

INPATIENT, OUTPATIENT, SWING BED or SKILLED NURSING FACILITY

5149581 CT CTA NECK W

5149581	CT CTA NECK W	70498TC	350	\$ 2,250.00
RADIOLOGIST - not provided by facility (will be billed separately by the radiology group)				
			Total of Standard Charges:	\$ 2,250.00

Radiology Services

Copays, deductibles and coinsurances are not factored into these charge amounts since each patient's insurance plan is unique.

Prompt Pay charge amount (70%)----->	\$ 1,575.00
Minimum negotiated charge amount (90%) ----->	\$ 2,025.00
Maximum negotiated charge amount (95%) ----->	\$ 2,137.50
Aetna - negotiated charge amount (94%) ----->	\$ 2,115.00
Anthem Blue Cross - negotiated charge amount (95%) ----->	\$ 2,137.50
Hometown Health - negotiated charge amount (93%) ----->	\$ 2,092.50
Cigna - negotiated charge amount (90%) ----->	\$ 2,025.00
All other insurances - non-negotiated charge amount (100%) ----->	\$ 2,250.00

South Lyon Medical Center -- PATIENT DISCOUNT PROGRAMS

For patients with insurance who have a patient balance after insurance has paid -----> 20% patient discount excluding copays.

For patients who do not have insurance coverage -----> 30% patient discount if paid within 60 days and 20% thereafter.

South Lyon Medical Center offers financial assistance based upon income level to uninsured and underinsured patients.

NOTE: For all shoppable services additional charges are possible based on the circumstances of each hospital/clinic visit

South Lyon Medical Center

Shoppable Services Report - Table II
(CMS-1717-F2)

Use CTRL-F to SEARCH

CPT Code
<OR>
HCPCS Code

Revenue Code

Standard Charge

Shoppable Service

Primary Service and Ancillary Services

INPATIENT, OUTPATIENT, SWING BED or SKILLED NURSING FACILITY

5149582 MRI SACRUM COCCYX SI WO CONTRAST

5149582 MRI SACRUM COCCYX SI WO CONTRAST

72195TC

610

\$ 1,719.00

RADIOLOGIST - not provided by facility (will be billed separately by the radiology group)

Total of Standard Charges:

\$ 1,719.00

Prompt Pay charge amount (70%)-----> \$ 1,203.30

Minimum negotiated charge amount (90%) -----> \$ 1,547.10

Maximum negotiated charge amount (95%) -----> \$ 1,633.05

Aetna - negotiated charge amount (94%) -----> \$ 1,615.86

Anthem Blue Cross - negotiated charge amount (95%) -----> \$ 1,633.05

Hometown Health - negotiated charge amount (93%) -----> \$ 1,598.67

Cigna - negotiated charge amount (90%) -----> \$ 1,547.10

All other insurances - non-negotiated charge amount (100%) -----> \$ 1,719.00

Copays, deductibles and coinsurances are not factored into these charge amounts since each patient's insurance plan is unique.

Radiology Services

South Lyon Medical Center -- PATIENT DISCOUNT PROGRAMS

For patients with insurance who have a patient balance after insurance has paid -----> 20% patient discount excluding copays.

For patients who do not have insurance coverage -----> 30% patient discount if paid within 60 days and 20% thereafter.

South Lyon Medical Center offers financial assistance based upon income level to uninsured and underinsured patients.

NOTE: For all shoppable services additional charges are possible based on the circumstances of each hospital/clinic visit

South Lyon Medical Center

Shoppable Services Report - Table II
 (CMS-1717-F2)

Use CTRL-F to SEARCH

Shoppable Service	Primary Service and Ancillary Services	CPT Code <OR> HCPCS Code	Revenue Code	Standard Charge
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INPATIENT, OUTPATIENT, SWING BED or SKILLED NURSING FACILITY

5149583 CT CTA LT LOWER EXT W CONTRAST

5149583	CT CTA LT LOWER EXT W CONTRAST	73706TC	350	\$ 2,237.00
RADIOLOGIST - not provided by facility (will be billed separately by the radiology group)				
Total of Standard Charges:				\$ 2,237.00

Radiology Services

Copays, deductibles and coinsurances are not factored into these charge amounts since each patient's insurance plan is unique.

Prompt Pay charge amount (70%)----->	\$ 1,565.90
Minimum negotiated charge amount (90%) ----->	\$ 2,013.30
Maximum negotiated charge amount (95%) ----->	\$ 2,125.15
Aetna - negotiated charge amount (94%) ----->	\$ 2,102.78
Anthem Blue Cross - negotiated charge amount (95%) ----->	\$ 2,125.15
Hometown Health - negotiated charge amount (93%) ----->	\$ 2,080.41
Cigna - negotiated charge amount (90%) ----->	\$ 2,013.30
All other insurances - non-negotiated charge amount (100%) ----->	\$ 2,237.00

South Lyon Medical Center -- PATIENT DISCOUNT PROGRAMS

For patients with insurance who have a patient balance after insurance has paid -----> 20% patient discount excluding copays.
 For patients who do not have insurance coverage -----> 30% patient discount if paid within 60 days and 20% thereafter.

South Lyon Medical Center offers financial assistance based upon income level to uninsured and underinsured patients.

NOTE: For all shoppable services additional charges are possible based on the circumstances of each hospital/clinic visit

South Lyon Medical Center

Shoppable Services Report - Table II
(CMS-1717-F2)

Use CTRL-F to SEARCH

CPT Code
<OR>
HCPCS Code

Revenue Code

Standard Charge

Shoppable Service

Primary Service and Ancillary Services

INPATIENT, OUTPATIENT, SWING BED or SKILLED NURSING FACILITY

5149585 CT CTA LT UPPER EXT W CONTRAST

5149585	CT CTA LT UPPER EXT W CONTRAST	73206TC	350	\$ 2,237.00
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RADIOLOGIST - not provided by facility (will be billed separately by the radiology group)

Total of Standard Charges: \$ 2,237.00

Radiology Services

Copays, deductibles and coinsurances are not factored into these charge amounts since each patient's insurance plan is unique.

Prompt Pay charge amount (70%)----->	\$ 1,565.90
Minimum negotiated charge amount (90%) ----->	\$ 2,013.30
Maximum negotiated charge amount (95%) ----->	\$ 2,125.15
Aetna - negotiated charge amount (94%) ----->	\$ 2,102.78
Anthem Blue Cross - negotiated charge amount (95%) ----->	\$ 2,125.15
Hometown Health - negotiated charge amount (93%) ----->	\$ 2,080.41
Cigna - negotiated charge amount (90%) ----->	\$ 2,013.30
All other insurances - non-negotiated charge amount (100%) ----->	\$ 2,237.00

South Lyon Medical Center -- PATIENT DISCOUNT PROGRAMS

For patients with insurance who have a patient balance after insurance has paid -----> 20% patient discount excluding copays.

For patients who do not have insurance coverage -----> 30% patient discount if paid within 60 days and 20% thereafter.

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NOTE: For all shoppable services additional charges are possible based on the circumstances of each hospital/clinic visit

South Lyon Medical Center

Shoppable Services Report - Table II
(CMS-1717-F2)

Use CTRL-F to SEARCH

CPT Code
<OR>
HCPCS Code

Revenue Code

Standard Charge

Shoppable Service

Primary Service and Ancillary Services

INPATIENT, OUTPATIENT, SWING BED or SKILLED NURSING FACILITY

5149592 US CAROTID UNILAT

5149592	US CAROTID UNILAT	93882TC	402	\$ 590.00
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RADIOLOGIST - not provided by facility (will be billed separately by the radiology group)

Total of Standard Charges: \$ 590.00

Radiology Services

Copays, deductibles and coinsurances are not factored into these charge amounts since each patient's insurance plan is unique.

Prompt Pay charge amount (70%)----->	\$ 413.00
Minimum negotiated charge amount (90%) ----->	\$ 531.00
Maximum negotiated charge amount (95%) ----->	\$ 560.50
Aetna - negotiated charge amount (94%) ----->	\$ 554.60
Anthem Blue Cross - negotiated charge amount (95%) ----->	\$ 560.50
Hometown Health - negotiated charge amount (93%) ----->	\$ 548.70
Cigna - negotiated charge amount (90%) ----->	\$ 531.00
All other insurances - non-negotiated charge amount (100%) ----->	\$ 590.00

South Lyon Medical Center -- PATIENT DISCOUNT PROGRAMS

For patients with insurance who have a patient balance after insurance has paid -----> 20% patient discount excluding copays.

For patients who do not have insurance coverage -----> 30% patient discount if paid within 60 days and 20% thereafter.

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NOTE: For all shoppable services additional charges are possible based on the circumstances of each hospital/clinic visit

South Lyon Medical Center

Shoppable Services Report - Table II
(CMS-1717-F2)

Use CTRL-F to SEARCH

Shoppable Service	Primary Service and Ancillary Services	CPT Code <OR> HCPCS Code	Revenue Code	Standard Charge
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INPATIENT, OUTPATIENT, SWING BED or SKILLED NURSING FACILITY

5149593 US DUPLEX ART UPPER EXT BILAT

5149593	US DUPLEX ART UPPER EXT BILAT	93930TC	402	\$ 1,026.00
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RADIOLOGIST - not provided by facility (will be billed separately by the radiology group)

Total of Standard Charges: \$ 1,026.00

Radiology Services

Copays, deductibles and coinsurances are not factored into these charge amounts since each patient's insurance plan is unique.

Prompt Pay charge amount (70%)----->	\$ 718.20
Minimum negotiated charge amount (90%) ----->	\$ 923.40
Maximum negotiated charge amount (95%) ----->	\$ 974.70
Aetna - negotiated charge amount (94%) ----->	\$ 964.44
Anthem Blue Cross - negotiated charge amount (95%) ----->	\$ 974.70
Hometown Health - negotiated charge amount (93%) ----->	\$ 954.13
Cigna - negotiated charge amount (90%) ----->	\$ 923.40
All other insurances - non-negotiated charge amount (100%) ----->	\$ 1,026.00

South Lyon Medical Center -- PATIENT DISCOUNT PROGRAMS

For patients with insurance who have a patient balance after insurance has paid -----> 20% patient discount excluding copays.

For patients who do not have insurance coverage -----> 30% patient discount if paid within 60 days and 20% thereafter.

South Lyon Medical Center offers financial assistance based upon income level to uninsured and underinsured patients.

NOTE: For all shoppable services additional charges are possible based on the circumstances of each hospital/clinic visit

South Lyon Medical Center

Shoppable Services Report - Table II
 (CMS-1717-F2)

Use CTRL-F to SEARCH

CPT Code
 <OR>
HCPCS Code

Revenue Code

Standard Charge

Shoppable Service

Primary Service and Ancillary Services

INPATIENT, OUTPATIENT, SWING BED or SKILLED NURSING FACILITY

5149594 US DUPLEX ART UPPER EXT UNI/LTD

5149594	US DUPLEX ART UPPER EXT UNI/LTD	93931TC	402	\$ 372.00
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RADIOLOGIST - not provided by facility (will be billed separately by the radiology group)

Total of Standard Charges: \$ 372.00

Radiology Services

Copays, deductibles and coinsurances are not factored into these charge amounts since each patient's insurance plan is unique.

Prompt Pay charge amount (70%)----->	\$ 260.40
Minimum negotiated charge amount (90%) ----->	\$ 334.80
Maximum negotiated charge amount (95%) ----->	\$ 353.40
Aetna - negotiated charge amount (94%) ----->	\$ 349.68
Anthem Blue Cross - negotiated charge amount (95%) ----->	\$ 353.40
Hometown Health - negotiated charge amount (93%) ----->	\$ 345.96
Cigna - negotiated charge amount (90%) ----->	\$ 334.80
All other insurances - non-negotiated charge amount (100%) ----->	\$ 372.00

South Lyon Medical Center -- PATIENT DISCOUNT PROGRAMS

For patients with insurance who have a patient balance after insurance has paid -----> 20% patient discount excluding copays.

For patients who do not have insurance coverage -----> 30% patient discount if paid within 60 days and 20% thereafter.

South Lyon Medical Center offers financial assistance based upon income level to uninsured and underinsured patients.

NOTE: For all shoppable services additional charges are possible based on the circumstances of each hospital/clinic visit

South Lyon Medical Center

Shoppable Services Report - Table II
 (CMS-1717-F2)

Use CTRL-F to SEARCH

CPT Code
 <OR>
HCPCS Code

Revenue Code

Standard Charge

Shoppable Service

Primary Service and Ancillary Services

INPATIENT, OUTPATIENT, SWING BED or SKILLED NURSING FACILITY

5149595 US DUPLEX ART LOWER EXT BILAT

5149595	US DUPLEX ART LOWER EXT BILAT	93925TC	402	\$ 1,026.00
RADIOLOGIST - not provided by facility (will be billed separately by the radiology group)				
			Total of Standard Charges:	\$ 1,026.00

Radiology Services

Copays, deductibles and coinsurances are not factored into these charge amounts since each patient's insurance plan is unique.

Prompt Pay charge amount (70%)----->	\$718.20
Minimum negotiated charge amount (90%) ----->	\$ 923.40
Maximum negotiated charge amount (95%) ----->	\$974.70
Aetna - negotiated charge amount (94%) ----->	\$ 964.44
Anthem Blue Cross - negotiated charge amount (95%) ----->	\$ 974.70
Hometown Health - negotiated charge amount (93%) ----->	\$ 954.18
Cigna - negotiated charge amount (90%) ----->	\$ 923.40
All other insurances - non-negotiated charge amount (100%) ----->	\$ 1,026.00

South Lyon Medical Center -- PATIENT DISCOUNT PROGRAMS

For patients with insurance who have a patient balance after insurance has paid -----> 20% patient discount excluding copays.

For patients who do not have insurance coverage -----> 30% patient discount if paid within 60 days and 20% thereafter.

South Lyon Medical Center offers financial assistance based upon income level to uninsured and underinsured patients.

NOTE: For all shoppable services additional charges are possible based on the circumstances of each hospital/clinic visit

South Lyon Medical Center

Shoppable Services Report - Table II
(CMS-1717-F2)

Use CTRL-F to SEARCH

Shoppable Service	Primary Service and Ancillary Services	CPT Code <OR> HCPCS Code	Revenue Code	Standard Charge
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INPATIENT, OUTPATIENT, SWING BED or SKILLED NURSING FACILITY

5149596 US DUPLEX ART LOWER EXT UNI/LTD

5149596	US DUPLEX ART LOWER EXT UNI/LTD	93926TC	402	\$ 1,026.00
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RADIOLOGIST - not provided by facility (will be billed separately by the radiology group)

Total of Standard Charges: \$ 1,026.00

Radiology Services

Copays, deductibles and coinsurances are not factored into these charge amounts since each patient's insurance plan is unique.

Prompt Pay charge amount (70%)----->	\$718.20
Minimum negotiated charge amount (90%) ----->	\$ 923.40
Maximum negotiated charge amount (95%) ----->	\$974.70
Aetna - negotiated charge amount (94%) ----->	\$ 964.44
Anthem Blue Cross - negotiated charge amount (95%) ----->	\$ 974.70
Hometown Health - negotiated charge amount (93%) ----->	\$ 954.18
Cigna - negotiated charge amount (90%) ----->	\$ 923.40
All other insurances - non-negotiated charge amount (100%) ----->	\$ 1,026.00

South Lyon Medical Center -- PATIENT DISCOUNT PROGRAMS

For patients with insurance who have a patient balance after insurance has paid -----> 20% patient discount excluding copays.

For patients who do not have insurance coverage -----> 30% patient discount if paid within 60 days and 20% thereafter.

South Lyon Medical Center offers financial assistance based upon income level to uninsured and underinsured patients.

NOTE: For all shoppable services additional charges are possible based on the circumstances of each hospital/clinic visit

South Lyon Medical Center

Shoppable Services Report - Table II
(CMS-1717-F2)

Use CTRL-F to SEARCH

Shoppable Service	Primary Service and Ancillary Services	CPT Code <OR> HCPCS Code	Revenue Code	Standard Charge
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INPATIENT, OUTPATIENT, SWING BED or SKILLED NURSING FACILITY

5149599 US ECHO DOPPLER COMP

5149599	US ECHO DOPPLER COMP	93306TC	402	\$ 1,539.00
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RADIOLOGIST - not provided by facility (will be billed separately by the radiology group)

Total of Standard Charges: \$ 1,539.00

Radiology Services

Copays, deductibles and coinsurances are not factored into these charge amounts since each patient's insurance plan is unique.

Prompt Pay charge amount (70%)----->	\$ 1,077.30
Minimum negotiated charge amount (90%) ----->	\$ 1,385.10
Maximum negotiated charge amount (95%) ----->	\$ 1,462.05
Aetna - negotiated charge amount (94%) ----->	\$ 1,446.66
Anthem Blue Cross - negotiated charge amount (95%) ----->	\$ 1,462.05
Hometown Health - negotiated charge amount (93%) ----->	\$ 1,431.27
Cigna - negotiated charge amount (90%) ----->	\$ 1,385.10
All other insurances - non-negotiated charge amount (100%) ----->	\$ 1,539.00

South Lyon Medical Center -- PATIENT DISCOUNT PROGRAMS

For patients with insurance who have a patient balance after insurance has paid -----> 20% patient discount excluding copays.

For patients who do not have insurance coverage -----> 30% patient discount if paid within 60 days and 20% thereafter.

South Lyon Medical Center offers financial assistance based upon income level to uninsured and underinsured patients.

NOTE: For all shoppable services additional charges are possible based on the circumstances of each hospital/clinic visit

South Lyon Medical Center

Shoppable Services Report - Table II
(CMS-1717-F2)

Use CTRL-F to SEARCH

Shoppable Service	Primary Service and Ancillary Services	CPT Code <OR> HCPCS Code	Revenue Code	Standard Charge
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INPATIENT, OUTPATIENT, SWING BED or SKILLED NURSING FACILITY

5149600 US ECHO DOPPLER LTD

5149600	US ECHO DOPPLER LTD	93308TC	402	\$ 923.00
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RADIOLOGIST - not provided by facility (will be billed separately by the radiology group)

Total of Standard Charges: \$ 923.00

Radiology Services

Copays, deductibles and coinsurances are not factored into these charge amounts since each patient's insurance plan is unique.

Prompt Pay charge amount (70%)----->	\$ 646.10
Minimum negotiated charge amount (90%) ----->	\$ 830.70
Maximum negotiated charge amount (95%) ----->	\$ 876.85
Aetna - negotiated charge amount (94%) ----->	\$ 867.62
Anthem Blue Cross - negotiated charge amount (95%) ----->	\$ 876.85
Hometown Health - negotiated charge amount (93%) ----->	\$ 858.39
Cigna - negotiated charge amount (90%) ----->	\$ 830.70
All other insurances - non-negotiated charge amount (100%) ----->	\$ 923.00

South Lyon Medical Center -- PATIENT DISCOUNT PROGRAMS

For patients with insurance who have a patient balance after insurance has paid -----> 20% patient discount excluding copays.

For patients who do not have insurance coverage -----> 30% patient discount if paid within 60 days and 20% thereafter.

South Lyon Medical Center offers financial assistance based upon income level to uninsured and underinsured patients.

NOTE: For all shoppable services additional charges are possible based on the circumstances of each hospital/clinic visit

South Lyon Medical Center

Shoppable Services Report - Table II
(CMS-1717-F2)

Use CTRL-F to SEARCH

CPT Code
<OR>
HCPCS Code

Revenue Code

Standard Charge

Shoppable Service

Primary Service and Ancillary Services

INPATIENT, OUTPATIENT, SWING BED or SKILLED NURSING FACILITY

5149601 US OB 1ST TRIMESTER ADD'L FETUS

5149601	US OB 1ST TRIMESTER ADD'L FETUS	76802TC	402	\$ 205.00
RADIOLOGIST - not provided by facility (will be billed separately by the radiology group)				
Total of Standard Charges:				\$ 205.00

Radiology Services

Copays, deductibles and coinsurances are not factored into these charge amounts since each patient's insurance plan is unique.

Prompt Pay charge amount (70%)----->	\$ 143.50
Minimum negotiated charge amount (90%) ----->	\$ 184.50
Maximum negotiated charge amount (95%) ----->	\$ 190.00
Aetna - negotiated charge amount (94%) ----->	\$ 192.70
Anthem Blue Cross - negotiated charge amount (95%) ----->	\$ 190.00
Hometown Health - negotiated charge amount (93%) ----->	\$ 190.65
Cigna - negotiated charge amount (90%) ----->	\$ 184.50
All other insurances - non-negotiated charge amount (100%) ----->	\$ 205.00

South Lyon Medical Center -- PATIENT DISCOUNT PROGRAMS

For patients with insurance who have a patient balance after insurance has paid -----> 20% patient discount excluding copays.

For patients who do not have insurance coverage -----> 30% patient discount if paid within 60 days and 20% thereafter.

South Lyon Medical Center offers financial assistance based upon income level to uninsured and underinsured patients.

NOTE: For all shoppable services additional charges are possible based on the circumstances of each hospital/clinic visit

South Lyon Medical Center

Shoppable Services Report - Table II
 (CMS-1717-F2)

Use CTRL-F to SEARCH

CPT Code
 <OR>
HCPCS Code

Revenue Code

Standard Charge

Shoppable Service **Primary Service and Ancillary Services**

INPATIENT, OUTPATIENT, SWING BED or SKILLED NURSING FACILITY

5149602 US OB>/=14 WKS ADD'L FETUS

5149602	US OB>/=14 WKS ADD'L FETUS	76810TC	402	\$ 257.00
RADIOLOGIST - not provided by facility (will be billed separately by the radiology group)				
Total of Standard Charges:				\$ 257.00

Radiology Services

Copays, deductibles and coinsurances are not factored into these charge amounts since each patient's insurance plan is unique.

Prompt Pay charge amount (70%)----->	\$ 179.90
Minimum negotiated charge amount (90%) ----->	\$ 231.30
Maximum negotiated charge amount (95%) ----->	\$ 244.15
Aetna - negotiated charge amount (94%) ----->	\$ 241.58
Anthem Blue Cross - negotiated charge amount (95%) ----->	\$ 244.15
Hometown Health - negotiated charge amount (93%) ----->	\$ 239.01
Cigna - negotiated charge amount (90%) ----->	\$ 231.00
All other insurances - non-negotiated charge amount (100%) ----->	\$ 257.00

South Lyon Medical Center -- PATIENT DISCOUNT PROGRAMS

For patients with insurance who have a patient balance after insurance has paid -----> 20% patient discount excluding copays.

For patients who do not have insurance coverage -----> 30% patient discount if paid within 60 days and 20% thereafter.

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NOTE: For all shoppable services additional charges are possible based on the circumstances of each hospital/clinic visit

South Lyon Medical Center

Shoppable Services Report - Table II
(CMS-1717-F2)

Use CTRL-F to SEARCH

Shoppable Service	Primary Service and Ancillary Services	CPT Code <OR> HCPCS Code	Revenue Code	Standard Charge
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INPATIENT, OUTPATIENT, SWING BED or SKILLED NURSING FACILITY

5149603 US OB LTD

5149603	US OB LTD	76815TC	402	\$ 457.00
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RADIOLOGIST - not provided by facility (will be billed separately by the radiology group)

Total of Standard Charges: \$ 457.00

Radiology Services

Copays, deductibles and coinsurances are not factored into these charge amounts since each patient's insurance plan is unique.

Prompt Pay charge amount (70%)----->	\$ 319.90
Minimum negotiated charge amount (90%) ----->	\$ 411.30
Maximum negotiated charge amount (95%) ----->	\$ 434.15
Aetna - negotiated charge amount (94%) ----->	\$ 429.58
Anthem Blue Cross - negotiated charge amount (95%) ----->	\$ 434.15
Hometown Health - negotiated charge amount (93%) ----->	\$ 425.01
Cigna - negotiated charge amount (90%) ----->	\$ 411.30
All other insurances - non-negotiated charge amount (100%) ----->	\$ 457.00

South Lyon Medical Center -- PATIENT DISCOUNT PROGRAMS

For patients with insurance who have a patient balance after insurance has paid -----> 20% patient discount excluding copays.

For patients who do not have insurance coverage -----> 30% patient discount if paid within 60 days and 20% thereafter.

South Lyon Medical Center offers financial assistance based upon income level to uninsured and underinsured patients.

NOTE: For all shoppable services additional charges are possible based on the circumstances of each hospital/clinic visit

South Lyon Medical Center

Shoppable Services Report - Table II
(CMS-1717-F2)

Use CTRL-F to SEARCH

Shoppable Service	Primary Service and Ancillary Services	CPT Code <OR> HCPCS Code	Revenue Code	Standard Charge
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INPATIENT, OUTPATIENT, SWING BED or SKILLED NURSING FACILITY

5149604 US TRANSVAG OB

5149604	US TRANSVAG OB	76817TC	402	\$ 462.00
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RADIOLOGIST - not provided by facility (will be billed separately by the radiology group)

Total of Standard Charges: \$ 462.00

Radiology Services

Copays, deductibles and coinsurances are not factored into these charge amounts since each patient's insurance plan is unique.

Prompt Pay charge amount (70%)----->	\$ 323.40
Minimum negotiated charge amount (90%) ----->	\$ 415.80
Maximum negotiated charge amount (95%) ----->	\$ 427.50
Aetna - negotiated charge amount (94%) ----->	\$ 434.28
Anthem Blue Cross - negotiated charge amount (95%) ----->	\$ 427.50
Hometown Health - negotiated charge amount (93%) ----->	\$ 429.66
Cigna - negotiated charge amount (90%) ----->	\$ 415.80
All other insurances - non-negotiated charge amount (100%) ----->	\$ 462.00

South Lyon Medical Center -- PATIENT DISCOUNT PROGRAMS

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South Lyon Medical Center

Shoppable Services Report - Table II
(CMS-1717-F2)

Use CTRL-F to SEARCH

CPT Code
<OR>
HCPCS Code

Revenue Code

Standard Charge

Shoppable Service

Primary Service and Ancillary Services

INPATIENT, OUTPATIENT, SWING BED or SKILLED NURSING FACILITY

5149607 US RENAL DOPPLER COMP

5149607 US RENAL DOPPLER COMP

93975TC

402

\$ 975.00

RADIOLOGIST - not provided by facility (will be billed separately by the radiology group)

Total of Standard Charges:

\$ 975.00

Radiology Services

Copays, deductibles and coinsurances are not factored into these charge amounts since each patient's insurance plan is unique.

Prompt Pay charge amount (70%)----->	\$ 682.50
Minimum negotiated charge amount (90%) ----->	\$ 877.50
Maximum negotiated charge amount (95%) ----->	\$ 926.25
Aetna - negotiated charge amount (94%) ----->	\$ 916.50
Anthem Blue Cross - negotiated charge amount (95%) ----->	\$ 926.25
Hometown Health - negotiated charge amount (93%) ----->	\$ 906.75
Cigna - negotiated charge amount (90%) ----->	\$ 877.50
All other insurances - non-negotiated charge amount (100%) ----->	\$ 975.00

South Lyon Medical Center -- PATIENT DISCOUNT PROGRAMS

For patients with insurance who have a patient balance after insurance has paid -----> 20% patient discount excluding copays.

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South Lyon Medical Center

Shoppable Services Report - Table II
(CMS-1717-F2)

Use CTRL-F to SEARCH

CPT Code
<OR>
HCPCS Code

Revenue Code

Standard Charge

Shoppable Service

Primary Service and Ancillary Services

INPATIENT, OUTPATIENT, SWING BED or SKILLED NURSING FACILITY

5149608 US RENAL DOPPLER LTD

5149608	US RENAL DOPPLER LTD	93976TC	402	\$ 616.00
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RADIOLOGIST - not provided by facility (will be billed separately by the radiology group)

Total of Standard Charges: \$ 616.00

Radiology Services

Copays, deductibles and coinsurances are not factored into these charge amounts since each patient's insurance plan is unique.

Prompt Pay charge amount (70%)----->	\$ 431.20
Minimum negotiated charge amount (90%) ----->	\$ 554.40
Maximum negotiated charge amount (95%) ----->	\$585.20
Aetna - negotiated charge amount (94%) ----->	\$ 579.04
Anthem Blue Cross - negotiated charge amount (95%) ----->	\$ 585.20
Hometown Health - negotiated charge amount (93%) ----->	\$ 572.88
Cigna - negotiated charge amount (90%) ----->	\$ 554.40
All other insurances - non-negotiated charge amount (100%) ----->	\$ 616.00

South Lyon Medical Center -- PATIENT DISCOUNT PROGRAMS

For patients with insurance who have a patient balance after insurance has paid -----> 20% patient discount excluding copays.

For patients who do not have insurance coverage -----> 30% patient discount if paid within 60 days and 20% thereafter.

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NOTE: For all shoppable services additional charges are possible based on the circumstances of each hospital/clinic visit

South Lyon Medical Center

Shoppable Services Report - Table II (CMS-1717-F2)

Use CTRL-F to SEARCH

Shoppable Service	Primary Service and Ancillary Services	CPT Code <OR> HCPCS Code	Revenue Code	Standard Charge
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INPATIENT, OUTPATIENT, SWING BED or SKILLED NURSING FACILITY

5149609 US TRANSPLANTED KIDNEY W DOPPLER

5149609	US TRANSPLANTED KIDNEY W DOPPLER	76776TC	402	\$ 513.00
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RADIOLOGIST - not provided by facility (will be billed separately by the radiology group)

Total of Standard Charges: \$ 513.00

Radiology Services

Copays, deductibles and coinsurances are not factored into these charge amounts since each patient's insurance plan is unique.

Prompt Pay charge amount (70%)----->	\$ 359.10
Minimum negotiated charge amount (90%) ----->	\$ 461.70
Maximum negotiated charge amount (95%) ----->	\$ 487.35
Aetna - negotiated charge amount (94%) ----->	\$ 482.22
Anthem Blue Cross - negotiated charge amount (95%) ----->	\$ 487.35
Hometown Health - negotiated charge amount (93%) ----->	\$ 477.09
Cigna - negotiated charge amount (90%) ----->	\$ 461.70
All other insurances - non-negotiated charge amount (100%) ----->	\$ 513.00

South Lyon Medical Center -- PATIENT DISCOUNT PROGRAMS

For patients with insurance who have a patient balance after insurance has paid -----> 20% patient discount excluding copays.

For patients who do not have insurance coverage -----> 30% patient discount if paid within 60 days and 20% thereafter.

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South Lyon Medical Center

Shoppable Services Report - Table II
(CMS-1717-F2)

Use CTRL-F to SEARCH

Shoppable Service	Primary Service and Ancillary Services	CPT Code <OR> HCPCS Code	Revenue Code	Standard Charge
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INPATIENT, OUTPATIENT, SWING BED or SKILLED NURSING FACILITY

7094667 MDI TREATMENT

Aerosol treatments and inhalers will have PHARMACY charges added, and may have SUBSEQUENT TREATMENT charges added

7094667	MDI TREATMENT	94640	460	\$ 9.00
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Total of Standard Charges: \$ 9.00

Respiratory Therapy

Copays, deductibles and coinsurances are not factored into these charge amounts since each patient's insurance plan is unique.

Prompt Pay charge amount (70%)----->	\$ 6.30
Minimum negotiated charge amount (90%) ----->	\$ 8.10
Maximum negotiated charge amount (95%) ----->	\$ 8.55
Aetna - negotiated charge amount (94%) ----->	\$ 8.46
Anthem Blue Cross - negotiated charge amount (95%) ----->	\$ 8.55
Hometown Health - negotiated charge amount (93%) ----->	\$ 8.37
Cigna - negotiated charge amount (90%) ----->	\$ 8.10
All other insurances - non-negotiated charge amount (100%) ----->	\$ 9.00

South Lyon Medical Center -- PATIENT DISCOUNT PROGRAMS

For patients with insurance who have a patient balance after insurance has paid -----> 20% patient discount excluding copays.

For patients who do not have insurance coverage -----> 30% patient discount if paid within 60 days and 20% thereafter.

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NOTE: For all shoppable services additional charges are possible based on the circumstances of each hospital/clinic visit

South Lyon Medical Center

Shoppable Services Report - Table II
 (CMS-1717-F2)

Use CTRL-F to SEARCH

CPT Code
 <OR>
HCPCS Code

Revenue Code

Standard Charge

Shoppable Service

Primary Service and Ancillary Services

INPATIENT, OUTPATIENT, SWING BED or SKILLED NURSING FACILITY

8007001 PT EVALUATION LOW COMPLEXITY

8007001	PT EVALUATION LOW COMPLEXITY	97161GP	424	\$ 258.00
			Total of Standard Charges:	\$ 258.00

Physical Therapy

Copays, deductibles and coinsurances are not factored into these charge amounts since each patient's insurance plan is unique.

Prompt Pay charge amount (70%)----->	\$ 180.60
Minimum negotiated charge amount (90%) ----->	\$ 232.20
Maximum negotiated charge amount (95%) ----->	\$ 245.10
Aetna - negotiated charge amount (94%) ----->	\$ 235.94
Anthem Blue Cross - negotiated charge amount (95%) ----->	\$ 245.10
Hometown Health - negotiated charge amount (93%) ----->	\$ 239.94
Cigna - negotiated charge amount (90%) ----->	\$ 232.20
All other insurances - non-negotiated charge amount (100%) ----->	\$ 258.00

South Lyon Medical Center -- PATIENT DISCOUNT PROGRAMS

For patients with insurance who have a patient balance after insurance has paid -----> 20% patient discount excluding copays.

For patients who do not have insurance coverage -----> 30% patient discount if paid within 60 days and 20% thereafter.

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South Lyon Medical Center

Shoppable Services Report - Table II
(CMS-1717-F2)

Use CTRL-F to SEARCH

Shoppable Service	Primary Service and Ancillary Services	CPT Code <OR> HCPCS Code	Revenue Code	Standard Charge
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INPATIENT, OUTPATIENT, SWING BED or SKILLED NURSING FACILITY

8007022 PT WHIRLPOOL

8007022	PT WHIRLPOOL	97022GP	420	\$ 92.00
			Total of Standard Charges:	\$ 92.00

Physical Therapy

Copays, deductibles and coinsurances are not factored into these charge amounts since each patient's insurance plan is unique.

Prompt Pay charge amount (70%)----->	\$ 64.40
Minimum negotiated charge amount (90%) ----->	\$ 82.80
Maximum negotiated charge amount (95%) ----->	\$ 87.40
Aetna - negotiated charge amount (94%) ----->	\$ 86.48
Anthem Blue Cross - negotiated charge amount (95%) ----->	\$ 87.40
Hometown Health - negotiated charge amount (93%) ----->	\$ 85.56
Cigna - negotiated charge amount (90%) ----->	\$ 82.80
All other insurances - non-negotiated charge amount (100%) ----->	\$ 92.00

South Lyon Medical Center -- PATIENT DISCOUNT PROGRAMS

For patients with insurance who have a patient balance after insurance has paid -----> 20% patient discount excluding copays.

For patients who do not have insurance coverage -----> 30% patient discount if paid within 60 days and 20% thereafter.

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South Lyon Medical Center

Shoppable Services Report - Table II
 (CMS-1717-F2)

Use CTRL-F to SEARCH

CPT Code
 <OR>
HCPCS Code

Revenue Code

Standard Charge

Shoppable Service

Primary Service and Ancillary Services

INPATIENT, OUTPATIENT, SWING BED or SKILLED NURSING FACILITY

8007036 PT EVALUATION MODERATE COMPLEXITY

8007036	PT EVALUATION MODERATE COMPLEXITY	97162GP	424	\$ 308.00
			Total of Standard Charges:	\$ 308.00

Physical Therapy

Copays, deductibles and coinsurances are not factored into these charge amounts since each patient's insurance plan is unique.

Prompt Pay charge amount (70%)----->	\$ 215.60
Minimum negotiated charge amount (90%) ----->	\$ 277.20
Maximum negotiated charge amount (95%) ----->	\$ 292.60
Aetna - negotiated charge amount (94%) ----->	\$ 289.52
Anthem Blue Cross - negotiated charge amount (95%) ----->	\$ 292.60
Hometown Health - negotiated charge amount (93%) ----->	\$ 286.44
Cigna - negotiated charge amount (90%) ----->	\$ 277.20
All other insurances - non-negotiated charge amount (100%) ----->	\$ 308.00

South Lyon Medical Center -- PATIENT DISCOUNT PROGRAMS

For patients with insurance who have a patient balance after insurance has paid -----> 20% patient discount excluding copays.

For patients who do not have insurance coverage -----> 30% patient discount if paid within 60 days and 20% thereafter.

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NOTE: For all shoppable services additional charges are possible based on the circumstances of each hospital/clinic visit

South Lyon Medical Center

Shoppable Services Report - Table II
(CMS-1717-F2)

Use CTRL-F to SEARCH

CPT Code
<OR>
HCPCS Code

Revenue Code

Standard Charge

Shoppable Service

Primary Service and Ancillary Services

INPATIENT, OUTPATIENT, SWING BED or SKILLED NURSING FACILITY

8007037 PT EVALUATION HIGH COMPLEXITY

8007037	PT EVALUATION HIGH COMPLEXITY	97163GP	424	\$ 359.00
			Total of Standard Charges:	\$ 359.00

Physical Therapy

Copays, deductibles and coinsurances are not factored into these charge amounts since each patient's insurance plan is unique.

Prompt Pay charge amount (70%)----->	\$ 251.30
Minimum negotiated charge amount (90%) ----->	\$ 323.10
Maximum negotiated charge amount (95%) ----->	\$ 341.05
Aetna - negotiated charge amount (94%) ----->	\$ 337.46
Anthem Blue Cross - negotiated charge amount (95%) ----->	\$ 341.05
Hometown Health - negotiated charge amount (93%) ----->	\$ 333.87
Cigna - negotiated charge amount (90%) ----->	\$ 323.10
All other insurances - non-negotiated charge amount (100%) ----->	\$ 359.00

South Lyon Medical Center -- PATIENT DISCOUNT PROGRAMS

For patients with insurance who have a patient balance after insurance has paid -----> 20% patient discount excluding copays.

For patients who do not have insurance coverage -----> 30% patient discount if paid within 60 days and 20% thereafter.

South Lyon Medical Center offers financial assistance based upon income level to uninsured and underinsured patients.

NOTE: For all shoppable services additional charges are possible based on the circumstances of each hospital/clinic visit

South Lyon Medical Center

Shoppable Services Report - Table II
(CMS-1717-F2)

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Shoppable Service	Primary Service and Ancillary Services	CPT Code <OR> HCPCS Code	Revenue Code	Standard Charge
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INPATIENT, OUTPATIENT, SWING BED or SKILLED NURSING FACILITY

8007110 PT THERAPEUTIC 15 MIN PROCEDURE

8007110	PT THERAPEUTIC 15 MIN PROCEDURE	97110GP	420	\$ 107.00
			Total of Standard Charges:	\$ 107.00

CMS-Specified Shoppable Service

Physical Therapy

Copays, deductibles and coinsurances are not factored into these charge amounts since each patient's insurance plan is unique.

Prompt Pay charge amount (70%)----->	\$ 74.90
Minimum negotiated charge amount (90%) ----->	\$ 96.30
Maximum negotiated charge amount (95%) ----->	\$ 101.65
Aetna - negotiated charge amount (94%) ----->	\$ 100.58
Anthem Blue Cross - negotiated charge amount (95%) ----->	\$ 101.65
Hometown Health - negotiated charge amount (93%) ----->	\$ 99.51
Cigna - negotiated charge amount (90%) ----->	\$ 96.30
All other insurances - non-negotiated charge amount (100%) ----->	\$ 107.00

South Lyon Medical Center -- PATIENT DISCOUNT PROGRAMS

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For patients who do not have insurance coverage -----> 30% patient discount if paid within 60 days and 20% thereafter.

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South Lyon Medical Center

Shoppable Services Report - Table II (CMS-1717-F2)

Use CTRL-F to SEARCH

<u>Shoppable Service</u>	<u>Primary Service and Ancillary Services</u>	<u>CPT Code <OR> HCPCS Code</u>	<u>Revenue Code</u>	<u>Standard Charge</u>
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South Lyon Medical Center does not offer the services listed below which are members of the 70 CMS-specified shoppable services:

90846	Family psychotherapy, not including patient, 50 min	90832	Psychotherapy, 30 min	
90853	Group psychotherapy	90834	Psychotherapy, 45 min	
99243	Patient office consultation, typically 40 min	90837	Psychotherapy, 60 min	
99244	Patient office consultation, typically 60 min	90847	Family psychotherapy, including patient, 50 min	
77065	Mammography of one breast	43235	Diagnostic examination of esophagus, stomach, and/or upper small bowel using an endoscope	
77066	Mammography of both breasts	43239	Biopsy of the esophagus, stomach, and/or upper small bowel using an endoscope	
77067	Mammography, screening, bilateral	45380	Biopsy of large bowel using an endoscope	
216	Cardiac valve and other major cardiothoracic procedures with cardiac catheterization with major complications or comorbidities	45385	Removal of polyps or growths of large bowel using an endoscope	
460	Spinal fusion except cervical without major comorbid conditions or complications (MCC)	93000	Electrocardiogram, routine, with interpretation and report	
470	Major joint replacement or reattachment of lower extremity without major comorbid conditions or complications (MCC)			
473	Cervical spinal fusion without comorbid conditions (CC) or major comorbid conditions or complications (MCC).			
743	Uterine and adnexa procedures for non-malignancy without comorbid conditions (CC) or major comorbid conditions or complications (MCC)			
19120	Removal of 1 or more breast growth, open procedure			
29826	Shaving of shoulder bone using an endoscope			
29881	Removal of one knee cartilage using an endoscope			
42820	Removal of tonsils and adenoid glands patient younger than age 12			
45391	Ultrasound examination of lower large bowel using an endoscope			
47562	Removal of gallbladder using an endoscope			
49505	Repair of groin hernia patient age 5 years or older			
55700	Biopsy of prostate gland			
55866	Surgical removal of prostate and surrounding lymph nodes using an endoscope			
59400	Routine obstetric care for vaginal delivery, including pre-and post-delivery care			
59510	Routine obstetric care for cesarean delivery, including pre-and post-delivery care			
59610	Routine obstetric care for vaginal delivery after prior cesarean delivery including pre-and post-delivery care			
62322	Injection of substance into spinal canal of lower back or sacrum using imaging guidance (includes HCPCS 62323)			
64483	Injections of anesthetic and/or steroid drug into lower or sacral spine nerve root using imaging guidance			
66821	Removal of recurring cataract in lens capsule using laser			
66984	Removal of cataract with insertion of lens			
95810	Sleep study			

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