

Per Federal requirements, the prices posted herein contain the estimated allowable amounts under applicable payer plans, and do not reflect the projected amount due from the patient.

Shoppable Service	Service Location	Primary and Ancillary Charges	CP7/HCPCS Code	Self Pay Discount (Prior to service)	Minimum Tiered Negotiated Charge	Maximum Tiered Negotiated Charge	Arthem Blue Traditional	Arthem Blue Access	Arthem Blue Access Ohio	Arthem Pathway & PPO Tiered Hospital Network	Blue Preferred Primary & Primary Plus	Arthem Pathway & HMO Tiered Hospital Network	Arthem Pathway Group HMO	Arthem Medicare Advantage	Aetna	Cigna	Medical Mutual Medicare Advantage	Medical Mutual of Ohio	LHC
Basic metabolic panel (calcium total)	Hospital outpatient	Primary procedure	80048	\$ 695.00	\$ 125.10	\$ 147.34	\$ 147.34	\$ 147.34	\$ 147.34	\$ 147.34	\$ 147.34	\$ 147.34	\$ 147.34	\$ 147.34	\$ 7.51	\$ 135.15	\$ -	\$ 116.76	\$ 11.92
Venipuncture	Hospital outpatient	Ancillary procedure	86415	\$ 13.00	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ 20.54	\$ 23.40	\$ -	\$ 21.84	\$ 20.54
Comprehensive metabolic panel	Hospital outpatient	Primary procedure	80953	\$ 1150.00	\$ 209.70	\$ 500.00	\$ 500.00	\$ 500.00	\$ 500.00	\$ 500.00	\$ 500.00	\$ 500.00	\$ 500.00	\$ 500.00	\$ 10.81	\$ 209.70	\$ -	\$ 192.72	\$ 17.39
Venipuncture	Hospital outpatient	Ancillary procedure	86415	\$ 13.00	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ 20.54	\$ 23.40	\$ -	\$ 21.84	\$ 20.54
Oleicric panel	Hospital outpatient	Primary procedure	80955	\$ 1420.00	\$ 261.00	\$ 888.80	\$ 888.80	\$ 888.80	\$ 888.80	\$ 888.80	\$ 888.80	\$ 888.80	\$ 888.80	\$ 888.80	\$ 1.20	\$ 261.00	\$ -	\$ 243.00	\$ 7.70
Venipuncture	Hospital outpatient	Ancillary procedure	86415	\$ 13.00	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ 20.54	\$ 23.40	\$ -	\$ 21.84	\$ 20.54
Lipid panel	Hospital outpatient	Primary procedure	80961	\$ 850.00	\$ 159.35	\$ 602.60	\$ 602.60	\$ 602.60	\$ 602.60	\$ 602.60	\$ 602.60	\$ 602.60	\$ 602.60	\$ 602.60	\$ 13.01	\$ 159.35	\$ -	\$ 148.68	\$ 22.04
Venipuncture	Hospital outpatient	Ancillary procedure	86415	\$ 13.00	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ 20.54	\$ 23.40	\$ -	\$ 21.84	\$ 20.54
Basic function panel	Hospital outpatient	Primary procedure	80959	\$ 920.00	\$ 165.50	\$ 211.41	\$ 211.41	\$ 211.41	\$ 211.41	\$ 211.41	\$ 211.41	\$ 211.41	\$ 211.41	\$ 211.41	\$ 3.89	\$ 165.50	\$ -	\$ 151.40	\$ 14.29
Venipuncture	Hospital outpatient	Ancillary procedure	86415	\$ 13.00	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ 20.54	\$ 23.40	\$ -	\$ 21.84	\$ 20.54
Hepatic function panel	Hospital outpatient	Primary procedure	80975	\$ 650.00	\$ 117.80	\$ 299.29	\$ 299.29	\$ 299.29	\$ 299.29	\$ 299.29	\$ 299.29	\$ 299.29	\$ 299.29	\$ 299.29	\$ 4.47	\$ 117.80	\$ -	\$ 110.04	\$ 11.45
Venipuncture	Hospital outpatient	Ancillary procedure	86415	\$ 13.00	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ 20.54	\$ 23.40	\$ -	\$ 21.84	\$ 20.54
Urinalysis non-automated with microscopy	Hospital outpatient	Primary procedure	81000	\$ 3150.00	\$ 324.10	\$ 1670.40	\$ 410.40	\$ 410.40	\$ 410.40	\$ 410.40	\$ 410.40	\$ 410.40	\$ 410.40	\$ 410.40	\$ 4.02	\$ 324.10	\$ -	\$ 306.20	\$ 12.22
Venipuncture	Hospital outpatient	Ancillary procedure	86415	\$ 13.00	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ 20.54	\$ 23.40	\$ -	\$ 21.84	\$ 20.54
Urinalysis automated with microscopy	Hospital outpatient	Primary procedure	81001	\$ 3350.00	\$ 317.10	\$ 605.35	\$ 300.35	\$ 300.35	\$ 300.35	\$ 300.35	\$ 300.35	\$ 300.35	\$ 300.35	\$ 300.35	\$ 1.37	\$ 317.10	\$ -	\$ 295.36	\$ 11.77
Venipuncture	Hospital outpatient	Ancillary procedure	86415	\$ 13.00	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ 20.54	\$ 23.40	\$ -	\$ 21.84	\$ 20.54
Urinalysis non-automated without microscopy	Hospital outpatient	Primary procedure	81002	\$ 1800.00	\$ 242.30	\$ 342.00	\$ 277.27	\$ 277.27	\$ 277.27	\$ 277.27	\$ 277.27	\$ 277.27	\$ 277.27	\$ 277.27	\$ 1.48	\$ 242.30	\$ -	\$ 226.30	\$ 13.92
Venipuncture	Hospital outpatient	Ancillary procedure	86415	\$ 13.00	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ 20.54	\$ 23.40	\$ -	\$ 21.84	\$ 20.54
Urinalysis automated without microscopy	Hospital outpatient	Primary procedure	81003	\$ 1550.00	\$ 108.10	\$ 270.00	\$ 106.10	\$ 106.10	\$ 106.10	\$ 106.10	\$ 106.10	\$ 106.10	\$ 106.10	\$ 106.10	\$ 2.25	\$ 108.10	\$ -	\$ 105.60	\$ 20.54
Venipuncture	Hospital outpatient	Ancillary procedure	86415	\$ 13.00	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ 20.54	\$ 23.40	\$ -	\$ 21.84	\$ 20.54
Prostate specific antigen (PSA) total	Hospital outpatient	Primary procedure	84153	\$ 920.00	\$ 87.00	\$ 184.50	\$ 87.00	\$ 87.00	\$ 87.00	\$ 87.00	\$ 87.00	\$ 87.00	\$ 87.00	\$ 87.00	\$ 16.95	\$ 87.00	\$ -	\$ 85.39	\$ 16.29
Venipuncture	Hospital outpatient	Ancillary procedure	86415	\$ 13.00	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ 20.54	\$ 23.40	\$ -	\$ 21.84	\$ 20.54
Prostate specific antigen (PSA) free	Hospital outpatient	Primary procedure	84154	\$ 920.00	\$ 87.00	\$ 184.50	\$ 87.00	\$ 87.00	\$ 87.00	\$ 87.00	\$ 87.00	\$ 87.00	\$ 87.00	\$ 87.00	\$ 16.95	\$ 87.00	\$ -	\$ 85.39	\$ 16.29
Venipuncture	Hospital outpatient	Ancillary procedure	86415	\$ 13.00	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ 20.54	\$ 23.40	\$ -	\$ 21.84	\$ 20.54
Thyroid stimulating hormone (TSH)	Hospital outpatient	Primary procedure	84443	\$ 840.00	\$ 78.50	\$ 169.20	\$ 78.50	\$ 78.50	\$ 78.50	\$ 78.50	\$ 78.50	\$ 78.50	\$ 78.50	\$ 78.50	\$ 16.80	\$ 78.50	\$ -	\$ 76.80	\$ 15.72
Venipuncture	Hospital outpatient	Ancillary procedure	86415	\$ 13.00	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ 20.54	\$ 23.40	\$ -	\$ 21.84	\$ 20.54
Complete blood count (CBC) automated and automated WBC	Hospital outpatient	Primary procedure	80925	\$ 440.00	\$ 3.60	\$ 47.80	\$ 3.60	\$ 3.60	\$ 3.60	\$ 3.60	\$ 3.60	\$ 3.60	\$ 3.60	\$ 3.60	\$ 7.77	\$ 40.31	\$ -	\$ 32.54	\$ 7.79
Venipuncture	Hospital outpatient	Ancillary procedure	86415	\$ 13.00	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ 20.54	\$ 23.40	\$ -	\$ 21.84	\$ 20.54
Complete blood count (CBC) automated and automated WBC	Hospital outpatient	Primary procedure	80927	\$ 380.00	\$ 3.06	\$ 68.40	\$ 3.06	\$ 3.06	\$ 3.06	\$ 3.06	\$ 3.06	\$ 3.06	\$ 3.06	\$ 3.06	\$ 4.47	\$ 60.04	\$ -	\$ 55.57	\$ 19.64
Venipuncture	Hospital outpatient	Ancillary procedure	86415	\$ 13.00	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ 20.54	\$ 23.40	\$ -	\$ 21.84	\$ 20.54
Prothrombin time	Hospital outpatient	Primary procedure	80610	\$ 2450.00	\$ 420.40	\$ 441.00	\$ 513.10	\$ 513.10	\$ 513.10	\$ 513.10	\$ 513.10	\$ 513.10	\$ 513.10	\$ 513.10	\$ 4.29	\$ 420.40	\$ -	\$ 416.10	\$ 4.29
Venipuncture	Hospital outpatient	Ancillary procedure	86415	\$ 13.00	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ 20.54	\$ 23.40	\$ -	\$ 21.84	\$ 20.54
Thromboplastin time partial (PTT)	Hospital outpatient	Primary procedure	80770	\$ 350.00	\$ 60.00	\$ 60.00	\$ 740.00	\$ 740.00	\$ 740.00	\$ 740.00	\$ 740.00	\$ 740.00	\$ 740.00	\$ 740.00	\$ 6.01	\$ 60.00	\$ -	\$ 53.99	\$ 6.01
Venipuncture	Hospital outpatient	Ancillary procedure	86415	\$ 13.00	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ 20.54	\$ 23.40	\$ -	\$ 21.84	\$ 20.54
Hemoglobin glycosylated (A1C)	Hospital outpatient	Primary procedure	80306	\$ 550.00	\$ 80.00	\$ 99.00	\$ 80.00	\$ 80.00	\$ 80.00	\$ 80.00	\$ 80.00	\$ 80.00	\$ 80.00	\$ 80.00	\$ 9.71	\$ 80.00	\$ -	\$ 70.29	\$ 9.71
Venipuncture	Hospital outpatient	Ancillary procedure	86415	\$ 13.00	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ 20.54	\$ 23.40	\$ -	\$ 21.84	\$ 20.54
Basic metabolic panel (calcium, ionized)	Hospital outpatient	Primary procedure	80047	\$ 690.00	\$ 125.10	\$ 97.77	\$ 97.77	\$ 97.77	\$ 97.77	\$ 97.77	\$ 97.77	\$ 97.77	\$ 97.77	\$ 97.77	\$ 7.51	\$ 125.10	\$ -	\$ 116.76	\$ 11.92
Venipuncture	Hospital outpatient	Ancillary procedure	86415	\$ 13.00	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ 20.54	\$ 23.40	\$ -	\$ 21.84	\$ 20.54
Electrolyte panel	Hospital outpatient	Primary procedure	80951	\$ 380.00	\$ 68.40	\$ 214.24	\$ 214.24	\$ 214.24	\$ 214.24	\$ 214.24	\$ 214.24	\$ 214.24	\$ 214.24	\$ 214.24	\$ 4.47	\$ 68.40	\$ -	\$ 63.94	\$ 11.54
Venipuncture	Hospital outpatient	Ancillary procedure	86415	\$ 13.00	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ 20.54	\$ 23.40	\$ -	\$ 21.84	\$ 20.54
Acute hepatitis panel	Hospital outpatient	Primary procedure	80074	\$ 2510.00	\$ 451.85	\$ 2133.21	\$ 2133.21	\$ 2133.21	\$ 2133.21	\$ 2133.21	\$ 2133.21	\$ 2133.21	\$ 2133.21	\$ 2133.21	\$ 4.51	\$ 451.85	\$ -	\$ 447.34	\$ 4.51
Venipuncture	Hospital outpatient	Ancillary procedure	86415	\$ 13.00	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ 20.54	\$ 23.40	\$ -	\$ 21.84	\$ 20.54
Oleicric panel	Hospital outpatient	Primary procedure	80955	\$ 1420.00	\$ 261.00	\$ 888.80	\$ 888.80	\$ 888.80	\$ 888.80	\$ 888.80	\$ 888.80	\$ 888.80	\$ 888.80	\$ 888.80	\$ 1.20	\$ 261.00	\$ -	\$ 243.00	\$ 7.70
Venipuncture	Hospital outpatient	Ancillary procedure	86415	\$ 13.00	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ 20.54	\$ 23.40	\$ -	\$ 21.84	\$ 20.54
Valoric acid: total	Hospital outpatient	Primary procedure	80164	\$ 540.00	\$ 98.10	\$ 454.44	\$ 454.44	\$ 454.44	\$ 454.44	\$ 454.44	\$ 454.44	\$ 454.44	\$ 454.44	\$ 454.44	\$ 8.61	\$ 98.10	\$ -	\$ 89.49	\$ 22.20
Venipuncture	Hospital outpatient	Ancillary procedure	86415	\$ 13.00	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ 20.54	\$ 23.40	\$ -	\$ 21.84	\$ 20.54
Uricic acid	Hospital outpatient	Primary procedure	80169	\$ 810.00	\$ 149.40	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ 13.14	\$ 149.40	\$ -	\$ 136.26	\$ 22.61
Venipuncture	Hospital outpatient	Ancillary procedure	86415	\$ 13.00	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ 20.54	\$ 23.40	\$ -	\$ 21.84	\$ 20.54
Uricic acid	Hospital outpatient	Primary procedure	80176	\$ 850.00	\$ 69.30	\$ 69.30	\$ 69.30	\$ 69.30	\$ 69.30	\$ 69.30	\$ 69.30	\$ 69.30	\$ 69.30	\$ 69.30	\$ 6.03	\$ 69.30	\$ -	\$ 63.27	\$ 6.03
Venipuncture	Hospital outpatient	Ancillary procedure	86415	\$ 13.00	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ 20.54	\$ 23.40	\$ -	\$ 21.84	\$ 20.54
Vancocin	Hospital outpatient	Primary procedure	80022	\$ 6450.00	\$ 98.10	\$ 605.05	\$ 605.05	\$ 605.05	\$ 605.05	\$ 605.05	\$ 605.05	\$ 605.05	\$ 605.05	\$ 605.05	\$ 13.84	\$ 86.11	\$ 98.10	\$ 15.84	\$ 91.56
Venipuncture	Hospital outpatient	Ancillary procedure	86415	\$ 13.00	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ 20.54	\$ 23.40	\$ -	\$ 21.84	\$ 20.54
Drug tests by instrument chemistry analyzer	Hospital outpatient	Primary procedure	80307	\$ 2700.00	\$ 486.00	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ 62.14	\$ 427.39	\$ 486.00	\$ 62.14	\$ 454.44
Venipuncture	Hospital outpatient	Ancillary procedure	86415	\$ 13.00	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ 20.54	\$ 23.40	\$ -	\$ 21.84	\$ 20.54
Urinalysis microscopic only	Hospital outpatient	Primary procedure	80616	\$ 800.00	\$ 88.80	\$ 330.00	\$ 330.00	\$ 330.00	\$ 330.00	\$ 330.00	\$ 330.00	\$ 330.00	\$ 330.00	\$ 330.00	\$ 1.06	\$ 88.80	\$ -	\$ 87.74	\$ 1.06
Venipuncture	Hospital outpatient	Ancillary procedure	86415	\$ 13.00	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ 20.54	\$ 23.40	\$ -	\$ 21.84	\$ 20.54
Albumin	Hospital outpatient	Primary procedure	80610	\$ 510.00	\$ 92.50	\$ 271.21													

