



## Estimated Average Charges for Common Procedures

*\*Disclaimer - Lincoln Medical Center average "allowable" payment % of gross charges from major payers:*

*Medicare Outpatient: 17% of charges*

*Commercial Inpatient: 46% of charges*

*Commercial Outpatient: 29% of charges*

*Medicare determines your coinsurance amounts based on services provided.*

*Commercial plan coinsurance will vary based on the plan you have with your employer.*

### Most Frequent Imaging Services

Description	Estimated Average Charge
CT HEAD WO	\$ 1,735.00
CT ABD PELVIS W/ IV ON	\$ 4,576.00
CT STONE PROT ABD/PEL	\$ 4,071.00
CT THORAX PE PROTOCOL	\$ 2,589.99
CT ABD PELVIS WO IV AN	\$ 4,071.00
CT C-SPINE WO	\$ 1,929.25
CT THORAX W/ IV CONTRA	\$ 2,391.75
CT THORAX WO	\$ 1,865.00
CT ABD PELVIS W/ IV AN	\$ 4,576.00
CT MAXILLOFACIAL W/O C	\$ 1,735.00
CT L-SPINE WO	\$ 1,909.00

Description	Estimated Average Charge
MRI L-SPINE W/O CONTRA	\$ 2,876.00
MRI KNEE W/O	\$ 2,705.00
MRI BRAIN W/O CONTRAST	\$ 2,817.00
MRI C-SPINE W/O CONTRA	\$ 2,876.00
MRI BRAIN WO FOLLOWED	\$ 4,340.00
MRI SHOULDER W/O	\$ 2,662.00
MRI L-SPINE W/WO CONTR	\$ 3,886.00
MRI T-SPINE W/O CONTRA	\$ 2,949.36
MRI PELVIS W/O	\$ 2,817.00

Description	Estimated Average Charge
CHEST 1 VIEW	\$ 251.00
CHEST 2 VIEWS	\$ 326.00
MM MAMMO SCREENING DIG	\$ 355.00
US ECHO	\$ 2,319.00
ABDOMEN 1 VIEW (KUB)	\$ 288.00
US ABDOMINAL COMPLETE	\$ 813.00
US TRANSVAGINAL	\$ 614.00
KNEE 3 VIEW	\$ 338.00
ANKLE MIN 3 V	\$ 300.00
US VENOUS UNILATERAL (	\$ 831.00
SHOULDER MIN 2V	\$ 320.00
US OB FOLLOWUP/REPEAT	\$ 331.00
ABDOMEN 2 VIEWS	\$ 312.00

#### Most Frequent Laboratory Services

Description	Estimated Average Charge
CBC WITH DIFF	\$ 91.00
CMP	\$ 206.00
VENIPUNCTURE	\$ 22.00
TROPONIN I	\$ 154.00
BMP	\$ 138.36
ACCUCHECK GLUCOSE	\$ 36.75
URINALYSIS	\$ 67.00
COMP/INF AGENT DET-INF	\$ 93.00
PT/INR	\$ 59.00
CULTURE URINE	\$ 96.00
CBC (HEMOGRAM)	\$ 87.00
MAGNESIUM	\$ 80.00
DRUG SCREEN URINE MEDI	\$ 256.00

#### Most Frequent Inpatient Obstetric Cases

Description	Estimated Average Charge
VAGINAL DELIVERY W/O COMPLICATING DIAGNOSES	\$ 5,562.36
VAGINAL DELIVERY W COMPLICATING DIAGNOSES	\$ 5,744.65
CESAREAN SECTION W CC/MCC	\$ 14,254.89

**Most Frequent Inpatient Medical Cases**

<b>Description</b>	<b>Estimated Average Charge</b>
PULMONARY EDEMA & RESPIRATORY FAILURE	\$ 15,295.15
CHRONIC OBSTRUCTIVE PULMONARY DISEASE W MCC	\$ 12,399.98
CHRONIC OBSTRUCTIVE PULMONARY DISEASE W CC	\$ 12,965.02
SIMPLE PNEUMONIA & PLEURISY W CC	\$ 10,658.16
HEART FAILURE & SHOCK W MCC	\$ 13,672.47
ESOPHAGITIS, GASTROENT & MISC DIGEST DISORDERS W/O MCC	\$ 11,792.57
CELLULITIS W/O MCC	\$ 9,854.90
KIDNEY & URINARY TRACT INFECTIONS W/O MCC	\$ 11,077.03
SEPTICEMIA OR SEVERE SEPSIS W/O MV >96 HOURS W MCC	\$ 16,545.91
SEPTICEMIA OR SEVERE SEPSIS W/O MV >96 HOURS W/O MCC	\$ 11,677.12