

CPT Charge Master Listing Report

Customer is PATIENTS EMERGENCY ROOM, LLC - 467128

CPT Code	CPT Short Description	CPT Default Price
10021	FINE NEEDLE ASPIRATION W/O IMAGING GUIDANCE	\$948.75
10060	INCISION & DRAINAGE ABSCESS SIMPLE/SINGLE	\$1,243.65
10061	INCISION&DRAINAGE ABSCESS COMPLICATED/MULTIPLE	\$1,633.35
10080	INCISION & DRAINAGE PILONIDAL CYST SIMPLE	\$717.98
10081	INCISION & DRAINAGE PILONIDAL CYST COMPLICATED	\$966.23
10120	INCISION&REMOVAL FOREIGN BODY SUBQ TISS SMPL	\$405.90
10121	INCISION&REMOVAL FOREIGN BODY SUBQ TISS COMP	\$959.65
10160	PUNCTURE ASPIRATION ABSCESS HEMATOMA BULLA/CYST	\$537.64
10180	INCISION&DRAINAGE COMPLEX PO WOUND INFECTION	\$956.65
11011	DBRDMT W/RMVL FM FX&/DISLC SKN SUBQ T/M/F MUSC	\$430.50
11040	DEBRIDEMENT SKIN PARTIAL THICKNESS	\$336.75
11042	REMOVAL DAMAGED SKIN AND UNDERLYING TISSUE	\$594.00
11100	BIOPSY SKIN LESION	\$675.00
11200	REMOVAL SK TGS MLT FIBRQ TAGS ANY AREA UP&W/15<	\$480.24
11305	SHAVE SKIN LESION 0.5 CM	\$480.24
11306	Shave skin lesion 0.6-1.0 cm	\$476.41
11400	EXC TR-EXT B9MARG 0.5 CM	\$795.13
11401	EXCISION, BENIGN LESION INCLUDING MARGIN 0.6-1 CM	\$956.25
11404	EXC B9 LES MRGN XCP SK TG T/A/L 3.1-4.0 CM	\$1,366.10
11719	TRIMMING OF NONDYSTROPHIC NAILS, ANY NUMBER	\$92.38
11730	AVULSION NAIL PLATE PARTIAL/COMPLETE SIMPLE 1	\$476.41
11732	REMOVE NAIL PLATE ADD-ON	\$457.50
11740	EVACUATION SUBUNGUAL HEMATOMA	\$496.04
11750	EXCISION NAIL MATRIX PERMANENT REMOVAL	\$876.15
11760	REPAIR NAIL BED	\$481.80
11765	WEDGE EXCISION SKIN NAIL FOLD	\$481.80
11771	EXCISION PILONIDAL CYST/SINUS EXTENSIVE	\$419.10
12001	SIMPLE REPAIR SCALP NECK AX GENIT TRUNK 2.5 CM	\$600.60
12002	SMPL REPAIR SCALP/NECK/AX/GENIT/TRUNK 2.6-7.5CM	\$608.85
12004	SIMPLE RPR SCALP/NECK/AX/GENIT/TRUNK 7.6-12.5CM	\$701.25
12005	SMPL RPR SCALP/NECK/AX/GENIT/TRUNK 12.6-20.0CM	\$930.60
12006	SMPL RPR SCALP/NECK/AX/GENIT/TRUNK 20.1-30.0CM	\$1,152.36
12011	SIMPLE REPAIR F/E/E/N/LM 2.5 CM	\$1,072.50
12013	SIMPLE REPAIR F/E/E/N/L/M 2.6CM-5.0CM	\$947.38
12014	SIMPLE REPAIR F/E/E/N/L/M 5.1CM-7.5CM	\$1,108.90
12015	Simple repair of superficial wounds of face, ears, eyelids, ...	\$589.54
12016	SIMPLE REPAIR F/E/E/N/L/M 12.6CM-20.0CM	\$1,340.46
12020	TX SUPERFICIAL WOUND DEHISCENCE SIMPLE CLOSURE	\$453.75
12031	REPAIR INTERMEDIATE WOUNDS OF SCALP 2.5 CM	\$712.80
12032	LAYER CLOSURE OF WOUNDS OF SCALP, AXILLAE, TRUNK/OR EXTREMIT...	\$1,076.46
12034	REPAIR INTERMEDIATE S/A/T/E 7.6-12.5 CM	\$1,031.58
12035	INTMD RPR S/A/T/EXT 12.6-20	\$690.00
12036	Repair, intermediate, wounds of scalp, axillae, trunk and/or...	\$3,377.64

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12041	REPAIR, INTERMEDIATE, WOUNDS OF NECK, HANDS, FEET ANDOR EXTE...	\$740.85
12042	REPAIR (LACERATION)INTERMEDIATE N/H/F/XTRNL GENT 2.6-7.5 CM	\$1,076.46
12044	REPAIR INTERMEDIATE N/H/F/XTRNL GENT 7.6-12.5CM	\$1,144.44
12051	REPAIR INTERMEDIATE FEENLMMUC 2.5 CM	\$839.85
12052	REPAIR INTERMEDIATE F/E/E/N/L/M&/MUC 2.6-5.0 CM	\$1,033.56
12053	REPAIR INTERMEDIATE F/E/E/N/L/M&/MUC 5.1-7.5 CM	\$1,353.00
12054	Repair, intermediate, wounds of face, ears, eyelids, nose, l...	\$589.54
13120	REPAIR COMPLEX SCALP/ARM/LEG 1.1 CM-2.5 CM	\$1,074.15
13121	REPAIR COMPLEX SCALP/ARM/LEG 2.6 CM-7.5 CM	\$1,747.85
13122	REPAIR COMPLEX SCALP/ARM/LEG EA 5 CM/<	\$751.25
13131	REPAIR COMPLEX F/C/C/M/N/AX/G/H/F 1.1 CM-2.5 CM	\$1,615.00
13132	REPAIR COMPLEX F/C/C/M/N/AX/G/H/F 2.6 CM-7.5 CM	\$2,310.66
13133	REPAIR COMPLEX FCCMNAXGHF EA 5 CM	\$751.25
13151	REPAIR COMPLEX EYELID/NOSE/EAR/LIP 1.1-2.5 CM	\$1,491.60
13152	REPAIR COMPLEX EYELID/NOSE/EAR/LIP 2.6-7.5 CM	\$2,938.33
13153	REPAIR COMPLEX EYELID/NOSE/EAR/LIP EA 5 CM/<	\$945.45
16000	INITIAL TX 1ST DEGREE BURN LOCAL TX	\$387.75
16020	DRS&/DBRDMT PRTL-THKNS BURNS 1ST/SBSQ SMALL	\$381.15
16025	DRS&/DBRDMT PRTL-THKNS BURNS 1ST/SBSQ MEDIUM	\$613.80
17999	UNLISTED PX SKIN MUC MEMBRANE &SUBQ TISSUE	\$246.10
19020	MASTOTOMY W/EXPL/DRAINAGE ABSCESS DEEP	\$13,774.60
20520	REMOVAL FOREIGN BODY MUSCLE/TENDON SHEATH SIMPLE	\$1,732.50
20552	INJECTION SINGLE/MLT TRIGGER POINT 1/2 MUSCLES	\$1,758.15
20600	ARTHROCENTESIS ASPIR&/INJECTION SMALL JT/BURSA	\$1,033.19
20605	ARTHROCENTESIS ASPIR&/INJECTION INTERM JT/BURSA	\$348.48
20610	ARTHROCENTESIS ASPIR&/INJECTION MAJOR JT/BURSA	\$591.21
20611	DRAIN/INJ JOINT/BURSA W/US	\$401.88
21310	CLOSED TREATMENT NASAL FRACTURE W/O MANIPULATION	\$816.99
21315	CLOSED TX NASAL FRACTURE W/O STABILIZATION	\$11,056.38
21451	TREAT LOWER JAW FRACTURE	\$816.99
21480	RESET DISLOCATED JAW	\$717.20
21501	I&D DEEP ABSC/HMTMA SOFT TISSUE NECK/THORAX	\$1,072.50
21705	DIVISION SCALENUS ANTICUS RESECTION CERVICAL RIB	\$956.65
21812	CLOSED TX RIB FRACTURE UNCOMPLICATED EACH	\$627.90
21820	TREAT STERNUM FRACTURE	\$918.85
23500	CLSD TX CLAVICULAR FRACTURE W/O MANIPULATION	\$2,162.16
23545	TREAT CLAVICLE DISLOCATION	\$1,779.20
23620	TREAT HUMERUS FRACTURE	\$1,647.00
23650	CLSD TX SHOULDER DISLC W/MANIPULATION W/O ANES	\$1,530.65
23655	CLSD TX SHOULDER DISLC W/MANIPULATION REQ ANES	\$2,173.53
23665	TREAT DISLOCATIONFRACTURE	\$1,530.65
23931	INCISION&DRAINAGE UPPER ARM/ELBOW BURSA	\$2,293.50
24201	REMOVAL FOREIGN BODY UPPER ARM/ELBOW DEEP	\$9,824.01

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24500	CLSD TX HUMERAL SHAFT FRACTURE W/O MANIPULATION	\$534.60
24505	CLTX HUMERAL SHFT FX W/MANIPULATION +-SKEL TRACJ	\$3,078.90
24530	CLTX SPRCNDYLR/TRANSCNDYLR HUMERAL FX+-MNPJ	\$2,280.66
24565	TREAT HUMERUS FRACTURE	\$2,280.66
24600	TREATMENT OF CLOSED ELBOW DISLOCATION WITHOUT ANESTHESIA	\$1,102.61
24605	TREATMENT ELBOW DISLOCATION	\$8,933.23
24640	CLTX RDL HEAD SUBLXTJ CHLD NURSEMAID ELBW W/MNPJ	\$851.43
24650	CLOSED TX RADIAL HEAD/NECK FX W/O MANIPULATION	\$1,572.74
24655	TREAT RADIUS FRACTURE	\$2,066.85
24670	CLOSED TX ULNAR FRACTURE PROXIMAL END W/O MNPJ	\$624.13
25505	CLOSED TX RADIAL SHAFT FRACTURE W/MANIPULATION	\$2,181.18
25535	CLOSED TREATMENT OF ULNAR SHAFT FRACTURE WITH MANIPULATION	\$2,175.44
25560	Treat fracture radius & ulna	\$1,373.85
25565	CLOSED TX RADIAL&ULNAR SHAFT FRACTURES W/MNPJ	\$2,175.44
25600	CLTX DSTL RADIAL FX/EPIPHYSL SEP W/O MNPJ	\$619.91
25605	CLTX DSTL RDL FX/EPIPHYSL SEP +-W/MNPJ	\$3,266.03
25622	CLOSED TX CARPAL SCAPHOID FRACTURE W/O MNPJ	\$3,390.38
25630	TREAT WRIST BONE FRACTURE	\$1,806.75
25635	CLTX CARPL B1 FX W/MNPJ EA B1	\$1,777.48
25650	TREAT WRIST BONE FRACTURE	\$1,930.38
25660	Closed treatment of radiocarpal or intercarpal dislocation, ...	\$1,056.68
25675	CLOSED TREATMENT OF DISTAL RADIOULNAR DISLOCATION WITH MANIP...	\$2,295.98
25690	TREAT WRIST DISLOCATION	\$2,295.98
26010	DRAINAGE FINGER ABSCESS SIMPLE	\$487.90
26011	DRAINAGE OF FINGER ABCESS	\$4,015.63
26600	CLTX MTCRPL FX 1 W/O MNPJ EA B1	\$1,490.48
26605	CLTX MTCRPL FX 1 W/MNPJ EA B1	\$1,725.80
26607	CLTX MTCRPL FX W/MNPJ W/XTRNL FIXJ EA B1	\$2,737.95
26670	TREAT HAND DISLOCATION	\$624.13
26700	CLOSED TREATMENT OF METACARPOPHALANGEAL DISLOCATION, SINGLE,...	\$1,006.29
26705	TREAT KNUCKLE DISLOCATION	\$1,056.68
26720	CLOSED TREATMENT OF PHALANGEAL SHAFT FRACTURE, PROXIMAL OR M...	\$1,029.36
26725	CLOSED TREATMENT OF PHALANGEAL SHAFT FRACTURE, PROXIMAL OR M...	\$1,685.63
26742	TREAT FINGER FRACTURE	\$1,006.29
26750	CLTX DSTL PHLNGL FX FNGR/THMB W/O MNPJ EA	\$1,006.29
26755	CLTX DSTL PHLNGL FX FNGR/THMB W/MNPJ EA	\$1,014.05
26770	CLTX IPHAL JT DISLC 1 W/MNPJ W/O ANES	\$1,103.45
26775	CLOSED TREATMENT OF INTERPHALANGEAL JOINT DISLOCATION, SINGL...	\$8,215.15
27200	TREAT TAIL BONE FRACTURE	\$624.71
27372	REMOVAL FOREIGN BODY DEEP THIGH/KNEE	\$574.00
27520	CLOSED TX PATELLAR FRACTURE W/O MANIPULATION	\$1,974.54
27550	CLOSED TX KNEE DISLOCATION W/O ANESTHESIA	\$2,240.49
27560	CLOSED TX PATELLAR DISLOCATION W/O ANESTHESIA	\$1,005.35

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27750	CLTX TIBL SHFT FX W/O MNPJ	\$624.71
27752	CLTX TIBL SHFT FX W/MNPJ +-SKEL TRACJ	\$3,225.85
27760	CLTX MEDIAL MALLS FX W/O MNPJ	\$1,888.44
27767	CLTX POST ANKLE FX	\$624.71
27780	CLTX PROX FIBULA/SHFT FX W/O MNPJ	\$1,729.63
27786	CLTX DSTL FIBULAR FX LAT MALLS W/O MNPJ	\$1,628.23
27808	TREATMENT OF ANKLE FRACTURE	\$1,941.63
27810	TREATMENT OF ANKLE FRACTURE	\$2,727.69
27818	TREATMENT OF ANKLE FRACTURE	\$1,056.68
27824	CLTX FX W8 BRG ARTCLR PRTN DSTL TIBIA W/O MNPJ	\$1,056.68
27840	CLOSED TX ANKLE DISLOCATION W/O ANESTHESIA	\$1,447.43
28190	REMOVAL FOREIGN BODY FOOT SUBCUTANEOUS	\$1,220.70
28192	REMOVAL OF FOOT FOREIGN BODY	\$6,478.09
28430	CLOSED TX TALUS FRACTURE W/O MANIPULATION	\$1,066.28
28470	CLOSED TREATMENT OF METATARSAL FRACTURE; WITHOUT MANIPULATIO...	\$1,377.59
28475	TREAT METATARSAL FRACTURE	\$1,378.38
28490	CLTX FX GRT TOE PHLX/PHLG W/O MNPJ	\$619.91
28510	CLTX FX PHLX/PHLG OTH/THN GRT TOE W/O MNPJ	\$857.16
28515	CLTX FX PHLX/PHLG OTH/THN GRT TOE W/MNPJ	\$1,019.79
28660	CLTX IPHAL JT DISLC W/O ANES	\$1,006.29
29085	CAST HAND&LOWER FOREARM GAUNTLET	\$287.00
29105	LONG ARM SPLINT SHOULDER HAND	\$514.80
29125	SHORT ARM SPLINT FOREARM-HAND STATIC	\$407.88
29126	SHORT ARM SPLINT DYNAMIC	\$287.00
29130	FINGER SPLINT STATIC	\$435.60
29240	STRAPPING SHOULDER	\$424.75
29260	STRAPPING; ELBOW OR WRIST	\$426.39
29280	STRAPPING HAND/FINGER	\$392.24
29505	LONG LEG SPLINT THIGH ANKLE/TOES	\$502.93
29515	SHORT LEG SPLINT CALF FOOT	\$427.68
29530	STRAPPING; KNEE	\$289.94
29540	STRAPPING ANKLE &/FOOT	\$359.70
29550	STRAPPING TOES	\$359.70
29580	STRAPPING UNNA BOOT	\$359.70
29700	REMOVAL/BIVALVING GAUNTLET BOOT/BODY CAST	\$208.55
30300	REMOVAL FOREIGN BODY INTRANASAL OFFICE PROCEDURE	\$813.16
30901	CONTROL NASAL HEMORRHAGE ANTERIOR SIMPLE	\$215.25
30903	CONTROL NASAL HEMORRHAGE ANTERIOR COMPLEX	\$298.64
30905	CONTROL OF NOSEBLEED	\$298.64
31500	INTUBATION ENDOTRACHEAL EMERGENCY PROCEDURE	\$997.93
31502	TRACHEOTOMY TUBE CHANGE PRIOR TO FISTULA TRACT	\$1,459.16
31505	LARYNGOSCOPY INDIRECT DIAGNOSTIC SPX	\$248.25
31515	LARYNGOSCOPY +-TRACHEOSCOPY ASPIRATION	\$12,329.71

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31525	LARYNGOSCOPY +-TRACHEOSCOPY DX EXCEPT NEWBORN	\$9,611.25
31530	LARYNGOSCOPY W/FOREIGN BODY REMOVAL	\$2,493.93
32421	THORACENTESIS PUNCTURE PLEURAL CAVITY ASPIRATION	\$1,897.50
32551	TUBE THORACOSTOMY INCLUDES WATER SEAL	\$3,689.24
32554	Thoracentesis, needle or catheter, aspiration of the pleural...	\$1,701.11
32555	ASPIRATE PLEURA W/ IMAGING	\$1,701.11
33415	RESCJ/INC SUBVALVULAR TISSUE	\$1,607.19
35306	CLOT INHIBIT PROT S FREE	\$246.45
36000	INTRO NDL/INTRACATH VEIN	\$401.80
36415	VENIPUNCTURE	\$44.08
36416	COLLJ CAPILLARY BLD SPEC	\$66.98
36556	INSERTION OF NON-TUNNELED CENTRALLY INSERTED CENTRAL VENOUS ...	\$6,214.95
36558	INSERT TUNNELED CV CATH - INSJ TUN CTR CVC W/O SUBQ PORT/PMP...	\$3,535.93
36569	INSJ PICC 5 YR WO IMAGING	\$612.69
36571	INSJ PRPH CTR VAD W/SUBQ PORT AGE 5 YR/>	\$3,049.29
36591	COLLECT BLOOD FROM IMPLANT VENOUS ACCESS DEVICE	\$239.18
36600	WITHDRAWAL OF ARTERIAL BLOOD	\$155.20
36680	INSERT NEEDLE BONE CAVITY	\$314.00
37195	Cerebral, by intravenous infusion	\$412.50
38300	DRAINAGE LYMPH NODE ABSC/LYMPHADENITIS SMPL	\$496.04
40650	REPAIR LIP, FULL THICKNESS; VERMILLION ONLY	\$4,901.43
41250	REPAIR TONGUE LACERATION	\$1,072.50
41251	RPR LAC 2.5 CM/< PST ONE-3RD TONGUE	\$1,072.50
41252	REPAIR TONGUE LACERATION OVER 2.6 CM	\$2,145.05
41800	DRG ABSC CST HMTMA FROM DENTOALVEOLAR STRUXS	\$936.38
42700	I&D ABSC PRITONSILLAR	\$2,198.50
42809	REMOVE PHARYNX FOREIGN BODY	\$1,138.03
43499	ESOPHAGUS SURGERY PROCEDURE	\$839.85
43752	NASO/ORO-GASTRIC TUBE PLMT REQ PHYS&FLUOR GDN	\$675.98
43753	GASTRIC TUBE PLMT W/ASPIR & LAVAGE	\$997.93
46040	I&D ISCHIORCT&/PRIRCT ABSC SPX	\$1,892.26
46050	I&D PRIANAL ABSC SUPFC	\$3,473.61
46083	INC THROMBOSED HEMORRHOID XTRNL	\$1,305.84
46250	REMOVE EXT HEM GROUPS 2 OR MORE	\$1,658.30
46320	ENCL/EXC XTRNL THROMBOTIC HEMORRHOID	\$1,002.58
51700	BLDR IRRIGATION SMPL LVG&/INSTLJ	\$158.43
51701	CATHETERIZATION, BLADDER	\$378.84
51702	INSJ TEMP NDWELLG BLDR CATH SMPL	\$591.21
51703	INSJ TEMP NDWELLG BLDR CATH COMP	\$931.79
54220	Irrigation of corpora cavernosa for priapism	\$1,050.16
54450	FORESKN MNPJ W/LSS PREPUTIAL ADS&STRETCHING	\$1,916.64
54600	REDUCE TESTIS TORSION	\$2,360.55
55100	DRAINAGE OF SCROTUM ABSCESS	\$1,633.35

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56405	I&D VULVA/PRNL ABSC	\$982.69
56420	I&D OF BARTHOLIN'S GLAND ABSC	\$162.64
58301	Removal of intrauterine device (IUD)	\$815.10
59409	VAG DLVR ONLY	\$5,598.61
62270	SPINAL TAP FLUID	\$908.83
64400	NJX ANES TRIGEMINAL NRV ANY DIV/BRANCH	\$1,748.09
64402	NJX ANES FACIAL NRV	\$1,644.03
64450	NERVE BLOCK ANES OTHER PRPH NRV/BRANCH	\$916.48
64640	DSTRJ NULYT OTH PRPH NRV/BRANCH	\$2,000.81
65205	RMVL FB XTRNL EYE	\$401.80
65210	Removal of foreign body, external eye; conjunctival embedded...	\$611.00
65220	RMVL FB XTRNL EYE CRNL W/O SLIT LAMP	\$621.84
65222	RMVL FB XTRNL EYE CRNL W/SLIT LAMP	\$734.71
65435	RMVL CRNL EPITHE +-CHEMOCAUT	\$907.50
67700	BLEPHAROTOMY DRG ABSC EYELID	\$1,268.53
69000	DRAINAGE EXTERNAL EAR, ABSCESS OR HEMATOMA; SIMPLE	\$991.85
69200	REMOVAL OF FOREIGN BODY OF EAR XTRNL AUD CANAL W/O ANES	\$623.75
69205	RMVL FB XTRNL AUD CANAL ANES	\$669.66
69209	REMOVE IMPACTED EAR WAX UNILATERAL	\$477.18
69210	RMVL IMPACTED CERUMEN SPX 1/BTH EARS	\$321.44
70030	RADEX EYE DETCJ FB	\$431.25
70100	RADEX MNDBL PRTL LESS THAN < 4 VIEWS	\$575.43
70110	RADEX MNDBL COMPL MINIMUM 4 VIEWS	\$575.43
70140	X-RAY EXAM OF FACIAL BONES	\$384.01
70150	RADEX FACIAL B1S COMPL MINIMUM 3 VIEWS	\$818.90
70160	RADEX NSL B1S COMPL MINIMUM 3 VIEWS	\$384.01
70200	X-RAY EXAM OF EYE SOCKETS, MINIMUM OF 4 VIEWS	\$588.86
70210	RADEX SINUSES PARANSL < 3 VIEWS	\$457.13
70220	RADEX SINUSES PARANSL COMPL MINIMUM 3 VIEWS	\$807.41
70250	RADEX SKL < 4 VIEWS	\$620.83
70260	RADEX SKL COMPL MINIMUM 4 VIEWS	\$821.88
70328	RADEX TMPRMAND JT OPN&CLSD MOUTH UNI	\$575.43
70350	CEPHALOGRAM ORTHODONTIC	\$420.93
70360	RADEX OF NECK SOFT TISSUE	\$1,118.91
70380	RADIOLOGIC EXAMINATION SALIVARY GLAND CALCULUS	\$222.94
70450	CT HEAD/BRN C-MATRL	\$3,348.30
70460	CT HEAD/BRN C+ MATRL	\$5,194.94
70470	CT HEAD/BRN C-/C+	\$8,277.56
70480	CT ORBIT SELLA/POST FOSSA/EAR C-MATRL	\$1,913.31
70481	CT ORBIT SELLA/POST FOSSA/EAR C+ MATRL	\$3,895.70
70482	CT ORBIT SELLAPOST FOSSAEAR C-C	\$3,895.70
70486	CT SCAN MAXLFCL AREA C-MATRL - SINUS AREA	\$3,148.80
70487	CT MAXLFCL AREA C+ MATRL	\$2,678.64

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70488	CT MAXLFCL AREA C-/C+	\$3,182.80
70490	CT SOFT TISS NCK C-MATRL	\$3,300.48
70491	CT SOFT TISS NCK C+ MATRL	\$3,827.70
70492	Computed tomography, soft tissue neck; without contrast mate...	\$2,717.05
70496	CT ANGIOGRAPHY HEAD W/CONTRAST/NONCONTRAST	\$3,249.19
70498	CT ANGIOGRAPHY NECK W/CONTRAST/NONCONTRAST	\$2,682.11
70544	MRA HEAD C-MATRL	\$5,165.94
70547	MRA NCK C-MATRL	\$4,544.80
70551	MRI BRN BRN STEM C-MATRL	\$4,544.80
70553	MRI BRN BRN STEM C-/C+	\$5,357.28
71010	RADEX CH 1 VIEW FRNT	\$489.64
71020	RADEX CH 2 VIEWS FRNT&LAT	\$762.03
71022	Xray exam chest frontal and lateral w oblique projections 2 ...	\$715.09
71030	RADEX CH COMPL MINIMUM 4 VIEWS	\$859.08
71045	RADIOLOGIC EXAMINATION, CHEST SINGLE VIEW	\$489.64
71046	X-RAY EXAM CHEST 2 VIEWS	\$762.03
71047	X-RAY EXAM CHEST 3 VIEWS	\$400.00
71100	RADEX RIBS UNI 2 VIEWS	\$432.21
71101	RADEX RIBS UNI W/POSTEROANT CH MINIMUM 3 VIEWS	\$792.64
71110	RADEX RIBS BI 3 VIEWS	\$836.13
71111	RADEX RIBS BI W/POSTEROANT CH MINIMUM 4 VIEWS	\$1,005.08
71120	RADEX STERNUM MINIMUM 2 VIEWS	\$418.06
71250	CT CHEST W/O CONTRAST	\$3,468.19
71260	CT CHEST W CONTRAST	\$4,544.80
71270	CT CHEST W W/O CONTRAST	\$4,737.13
71275	CT ANGIOGRAPHY CHEST W/CONTRAST/NONCONTRAST	\$4,871.30
71550	MRI CH C-MATRL	\$4,544.13
72020	RADEX SPI 1 VIEW SPEC LVL	\$515.31
72040	RADEX SPI CRV 2/3 VIEWS	\$673.80
72050	RADEX SPI CRV MINIMUM 4 VIEWS	\$803.59
72052	RADEX SPI CRV COMPL W/OBLQ&FLEXION&/XTN STDS	\$1,377.59
72070	RADEX SPI THRC 2 VIEWS	\$444.46
72072	RADEX SPI THRC 3 VIEWS	\$908.83
72074	RADEX SPI THRC MINIMUM 4 VIEWS	\$877.14
72080	X RAY EXAM TRUNK SPINE 2VWS	\$363.30
72084	RADEX SPI THORACOLMBR STANDING SCOLIOSIS	\$612.26
72100	RADEX SPI LUMBOSAC 2/3 VIEWS	\$956.65
72110	LUMBAR X-RAY 4 VIEWS RADEX SPI LUMBOSAC MINIMUM 4 VIEWS	\$1,301.05
72114	RADEX SPI LUMBOSAC COMPL W/BENDING VIEWS	\$765.33
72120	RADEX SPI LUMBOSAC BENDING MINIMUM 4 VIEWS	\$908.83
72125	CT NECK SPINE W/O DYE	\$4,023.69
72126	CT CRV SPI C+ MATRL	\$3,895.70
72127	CT CRV SPI C-/C+	\$4,921.78

CPT Charge Master Listing Report

Customer is PATIENTS EMERGENCY ROOM, LLC - 467128

CPT Code	CPT Short Description	CPT Default Price
72128	CT THRC SPI C-MATRL	\$3,657.51
72129	CT THRC SPI C+ MATRL	\$3,895.70
72131	CT LMBR SPI C-MATRL	\$4,789.50
72132	CT LMBR SPI C+ MATRL	\$9,185.34
72133	CT LUMBAR SPINE W/O & W/DYE	\$4,921.78
72141	MRI SPI CANAL&CNTS CRV C-MATRL	\$3,061.30
72146	MRI SPI CANAL&CNTS THRC C-MATRL	\$4,544.80
72148	MRI SPI CANAL&CNTS LMBR C-MATRL	\$4,544.80
72156	MRI SPI CANAL&CNTS C-/C+ CRV	\$5,357.28
72157	MRI SPI CANAL&CNTS C-/C+	\$4,544.80
72158	MRI SPI CANAL&CNTS C-/C+ LMBR	\$4,591.95
72170	RADEX PELVIS 1/2 VIEWS	\$621.84
72190	RADEX PELVIS COMPL MINIMUM 3 VIEWS	\$711.94
72191	CT ANGIOGRAPHY PELVIS W/CONTRAST/NONCONTRAST	\$2,475.35
72192	CT PELVIS C-MATRL	\$4,555.60
72193	CT PELVIS C+ MATRL	\$3,005.63
72194	CT PELVIS C-/C+	\$8,277.56
72195	MRI PELVIS C-MATRL	\$4,544.80
72196	MRI PELVIS C+ MATRL	\$6,122.60
72220	RADEX SACRUM&COCCYX MINIMUM 2 VIEWS	\$465.31
73000	RADEX CLAV COMPL	\$457.66
73010	RADEX SCAPULA COMPL	\$528.78
73020	RADEX SHO 1 VIEW	\$379.11
73030	RADEX SHO COMPL MINIMUM 2 VIEWS	\$639.88
73040	CONTRAST X RAY OF SHOULDER	\$2,757.05
73050	RADEX ACROMCLAV JTS BI +-W8ED DISTRCL	\$608.44
73060	RADEX HUM MINIMUM 2 VIEWS	\$602.70
73070	RADEX ELBW 2 VIEWS	\$384.01
73080	RADEX ELBW COMPL MINIMUM 3 VIEWS	\$552.95
73090	RADEX F/ARM 2 VIEWS	\$384.01
73092	X-RAY EXAM OF ARM, INFANT	\$608.44
73100	RADEX WRST 2 VIEWS	\$619.54
73110	RADEX WRST COMPL MINIMUM 3 VIEWS	\$601.28
73120	RADEX HAND 2 VIEWS	\$527.65
73130	RADEX HAND MINIMUM 3 VIEWS	\$681.58
73140	RADEX Fingers MINIMUM 2 VIEWS	\$583.56
73200	CT UXTR C-MATRL	\$2,397.38
73201	CT UXTR C+ MATRL	\$1,485.00
73220	MRI UXTR OTH/THN JT C-/C+	\$5,357.28
73221	MRI ANY JT UXTR C-MATRL	\$4,544.80
73501	RADEX HIP UNILATERAL 1 VIEW	\$379.11
73502	X-RAY EXAM HIP UNI 2-3 VIEWS	\$781.55
73503	X-RAY EXAM HIP UNI 4 VIEWS	\$908.83

CPT Charge Master Listing Report

Customer is PATIENTS EMERGENCY ROOM, LLC - 467128

CPT Code	CPT Short Description	CPT Default Price
73510	RADEX HIP UNI COMPL MINIMUM 2 VIEWS	\$780.30
73521	RADEX HIPS BI 2 VIEWS ANTEROPOST PELVIS	\$832.30
73523	RADIOLOGIC EXAMINATION, HIPS, BILATERAL MINIMUM OF 5 VIEWS	\$908.83
73540	X-RAY EXAM OF PELVIS & HIPS	\$902.21
73551	RADEX FEMUR 2 VIEWS	\$510.48
73552	RADEX FEMUR 2 VIEWS	\$510.48
73560	X-RAY KNEE 1 OR 2 VIEWS	\$512.78
73562	RADEX KNE 3 VIEWS	\$426.86
73564	RADEX KNE COMPL 4/MORE VIEWS	\$644.70
73590	RADEX TIBFIB 2 VIEWS	\$623.31
73592	RADEX LXTR INFT MINIMUM 2 VIEWS	\$489.34
73600	RADEX ANKLE 2 VIEWS	\$384.01
73610	RADEX ANKLE COMPL MINIMUM 3 VIEWS	\$794.55
73620	RADEX FOOT 2 VIEWS	\$626.91
73630	RADEX FOOT COMPL MINIMUM 3 VIEWS	\$880.13
73650	RADEX CALCANEUS MINIMUM 2 VIEWS	\$526.16
73652	RADEX KNE 3 VIEWS	\$368.11
73660	RADEX TOE MINIMUM 2 VIEWS	\$382.66
73700	CT LXTR C-MATRL	\$5,194.94
73701	CT LXTR C+ MATRL	\$8,277.56
73702	CT LOWER EXTREMITY C-/C+	\$4,812.28
73706	CT ANGIO LWR EXTR WOWDYE	\$4,812.28
73721	MRI ANY JT LXTR C-MATRL	\$4,544.80
73722	MRI ANY JT LXTR C+ MATRL	\$5,042.55
73723	MRI ANY JT LXTR C-/C+	\$8,277.56
73725	MRA LXTR C+-MATRL	\$6,122.60
74000	RADEX ABD 1 ANTEROPOST VIEW	\$1,243.65
74010	RADEX ABD ANTEROPOST&ADDL OBLQ&CONE VIEWS	\$698.36
74018	X-RAY EXAM ABDOMEN 1 VIEW	\$925.00
74019	X-RAY EXAM ABDOMEN 2 VIEWS	\$744.28
74020	RADEX ABD COMPL W/DCBTS&/ERC VIEWS	\$744.28
74021	X-RAY EXAM ABDOMEN 3+ VIEWS	\$861.25
74022	RADEX ABD COMPL AQT ABD W/S/E/D VIEWS 1 VIEW CH	\$934.49
74150	CT ABD C-MATRL	\$3,569.39
74160	CT ABD C+ MATRL	\$4,196.93
74170	CT ABD C-/C+	\$4,944.50
74174	CT ANGIO ABD&PELV W/O&W/DYE	\$3,645.28
74175	CT ANGIOGRAPHY ABDOMEN W/CONTRAST/NONCONTRAST	\$5,299.51
74176	CT ABD & PELVIS W/O CONTRAST	\$4,056.25
74177	CT ABDOMEN & PELVIS W/CONTRAST	\$4,946.25
74178	CT ABD & PELVIS W/O CONTRST 1+ BODY REGNS	\$3,197.54
74181	MRI ABD C-MATRL	\$4,544.80
74183	MRI ABD C-/C+	\$5,357.28

CPT Charge Master Listing Report

Customer is PATIENTS EMERGENCY ROOM, LLC - 467128

CPT Code	CPT Short Description	CPT Default Price
74241	RADEX GI TRC UPR +-DLYD FLMS W/KUB	\$1,635.99
74246	CONTRST X-RAY UPPR GI TRACT	\$1,654.64
74247	RADEX GI UPR C+ +-GLUC +-DLYD FLMS W/KUB	\$1,654.64
75635	ANGIO ABDOMINAL ARTERIES	\$2,804.31
75809	Nonvascular shunt x-ray	\$597.63
76010	RADEX FROM NOSE RECTUM FB 1 VIEW CHLD	\$428.58
76376	3D RNDR I&R CT MRI US/OTH X REQ POSTPCX	\$1,052.33
76380	CAT SCAN FOLLOW UP STUDY	\$924.75
76510	Ophthalmic ultrasound, diagnostic; B-scan and quantitative A...	\$1,400.59
76512	OPHTH US B W/NON-QUANT A	\$1,635.99
76536	US SOFT TISS HEAD&NCK R-T IMG	\$1,635.99
76604	US EXAM CHEST	\$1,179.35
76641	US BREAST R-T W/IMAGE DOCUMENTATION	\$1,179.35
76642	ULTRASOUND BREAST LIMITED	\$1,179.35
76700	US ABDOMINAL R-T W/IMAGE DOCUMENTATION	\$1,895.18
76705	ULTRASOUND ABDOMINAL R-T W/IMAGE LIMITED	\$1,684.39
76770	US RETROPERITONEAL R-T W/IMAGE COMPL	\$1,366.33
76775	US RPR B-SCAN&/R-T IMG LMTD	\$1,229.71
76801	ULTRASOUND 14 WK TABDL 1/1ST GESTATION	\$1,190.08
76802	OB US 14 WKS ADDL FETUS	\$1,009.20
76805	US PG UTER F&MAT AFTER 1ST TRI 1/1ST GESTATION	\$1,355.59
76810	ULTRASOUND GREATER THAN 14 WEEKS GESTATION ADDITIONAL GESTAT...	\$1,276.60
76811	OB US DETAILED SNGL FETUS	\$1,276.60
76813	US FETAL NUCHAL TRANSLUCENCY 1ST GESTATION	\$306.90
76815	ULTRASOUND, PREGNANT UTERUS, REAL TIME WITH IMAGE DOCUMENTAT...	\$585.28
76816	ULTRASOUND, PREGNANT UTERUS, REAL TIME WITH IMAGE DOCUMENTAT...	\$585.28
76817	US PG UTER R-T IMG TRVG	\$986.89
76818	FTL BIOPHYSICAL PROFILE NON-STRS TSTG	\$445.00
76819	FETAL BIOPHYS PROFIL W/O NST	\$567.63
76825	Echocardiography, fetal, cardiovascular system, real time wi...	\$2,036.70
76830	US TRVG	\$1,184.51
76856	US PELVIC NONOB REAL-TIME IMG COMPLETE	\$1,375.68
76857	US PEL NONOB B-SCAN&/R-T IMG LMTD/F-UP+C97	\$717.50
76870	US SCROTUM&CNTS	\$1,250.01
76880	US EXTREMITY NON-VASC REAL-TIME IMG	\$1,496.53
76881	US EXTREMITY NON-VASC REAL-TIME IMG COMPL	\$795.21
76882	US EXTREMITY NON-VASC REAL-TIME IMG LMTD	\$513.56
76937	Us guide vascular access	\$187.50
76942	Ultrasonic guidance for needle placement	\$8.25
76999	ECHO EXAMINATION PROCEDURE	\$222.94
77072	X RAYS FOR BONE AGE	\$512.05
77079	CT BONE MINERAL DENSITY STUDY 1+ SITS APPND	\$669.66
78075	ADRNL IMG CORTEX&/MEDULLA	\$5,931.28

CPT Charge Master Listing Report

Customer is PATIENTS EMERGENCY ROOM, LLC - 467128

CPT Code	CPT Short Description	CPT Default Price
78223	HIDA SCAN - HEPATBL DUX SYS IMG GLBLDR	\$4,113.63
78306	B1&/JT IMG WHBDY	\$2,361.03
78315	B1&/JT IMG 3 PHASE STD	\$2,360.78
78320	B1&/JT IMG TOMOG SPECT	\$1,513.81
78472	CARD BPI GTD =BRM PLNR 1 STD REST/STRS	\$3,343.43
800299	QUANTITATIVE ASSAY DRUG	\$188.12
80047	BASIC METABOLIC PANEL CALCIUM IONIZED	\$418.06
80048	BASIC METABOLIC PANEL CALCIUM TOTAL	\$441.98
80051	ELECTROLYTE PANEL	\$455.94
80053	COMPRE METAB PANEL	\$891.61
80061	LIPID PANEL	\$454.43
80074	AQT HEP PANEL	\$903.08
80076	HEPATC FUNCJ PANEL	\$465.43
80100	DRUG SCR QUAL MLT DRUG CLASSES CHROM EA PX	\$376.91
80104	DRUG SCREEN, QUALITATIVE MULTIPLE DRUG CLASSES OTHER THAN CH...	\$602.70
80156	ASSAY CARBAMAZEPINE TOTAL	\$128.15
80162	ASSAY OF DIGOXIN TOTAL	\$128.15
80164	DIPROPYLACETIC ACID	\$253.55
80175	DRUG SCREEN QUAN LAMOTRIGINE	\$376.91
80177	DRUG SCR QUAN LEVETIRACETAM	\$127.19
80178	LITHIUM	\$96.81
80183	DRUG SCR QUANT OXCARBAZEPIN	\$376.91
80185	PHENYTOIN TOT	\$144.30
80197	TACROLIMUS	\$574.00
80202	VANCOMYCIN	\$375.01
80300	UDS - URINE DRUG SCREEN QUAL 1 DRUG CLASS METH EA DRUG CLASS	\$366.13
80305	URINE DRUG SCREEN	\$457.66
80307	URINE DRUG SCREEN QUAL 1 DRUG CLASS METH EA DRUG CLASS	\$457.66
80320	DRUG SCREEN QUANTALCOHOLS	\$331.00
80321	ALCOHOLS BIOMARKERS 1OR 2	\$331.01
80329	ANALGESICS NON-OPIOID	\$331.00
80339	ANTIEPILEPTICS NOS 1-3	\$175.86
81000	URNLS DIP STICK/TABLET RGNT NON-AUTO MIC	\$210.46
81001	URINALYSIS - URNLS DIP STICK/TABLET RGNT AUTO MIC	\$139.66
81002	URNLS DIP STICK/TABLET RGNT NON-AUTO W/O MIC	\$210.46
81003	URNLS DIP STICK/TABLET RGNT AUTO W/O MIC	\$210.46
81005	URNLS QUAL/SEMIQUAN XCPT IAS	\$15.10
81015	MICROSCOPIC EXAM OF URINE	\$143.13
81020	URNLS 2/3 GLASS TST	\$25.69
81025	URINE PREGNANCY TST VIS COLOR CMPRSN METHS	\$155.15
81205	BCKDHB GENE	\$162.94
81241	F5 COAGULATION FACTOR V EG, HEREDITARY HYPERCOAGULABILITY GE...	\$150.00
81250	G6PC GENE	\$162.94

CPT Charge Master Listing Report

Customer is PATIENTS EMERGENCY ROOM, LLC - 467128

CPT Code	CPT Short Description	CPT Default Price
82009	Ketone body(s) (eg, acetone, acetoacetic acid, beta-hydroxyb...	\$42.70
82010	ACETONE/OTH KETONE BODIES SERUM QUAN	\$203.61
82040	ASSAY OF SERUM ALBUMIN	\$53.60
82043	MICROALBUMIN QUANTITATIVE	\$203.61
82055	ALCOHOL ANY SPEC XCPT BRTH	\$331.00
82075	ALCOHOL BRTH	\$165.11
82088	ASSAY OF ALDOSTERONE	\$167.25
82105	ALPHA-FETOPROTEIN SERUM	\$164.59
82140	Assay of ammonia	\$164.59
82150	AMYLASE	\$344.40
82164	ANGIOTENSIN I-CONVERTING ENZYME	\$99.00
82247	BILIRUBIN TOTAL	\$127.71
82248	BILIRUBIN DIRECT	\$127.71
82270	BLD OCLT PROXIDASE ACTV QUAL FECES 1 DETER	\$265.32
82271	BLOOD, OCCULT, BY PEROXIDASE ACTIVITY EG, GUAIAC, QUALITATIV...	\$32.20
82272	BLOOD OCCULT PEROXIDASE ACTV QUAL FECES 1-3 SPEC	\$191.33
82274	BLD OCLT FECAL HGB DETER IA QUAL FECES 1-3	\$128.50
82306	Vitamin D 25 Hydroxy	\$45.79
82310	ASSAY OF CALCIUM TOTAL	\$145.16
82330	ASSAY OF CALCIUM IONIZED	\$145.16
82360	CALCULUS ASSAY QUANT	\$213.03
82374	ASSAY BLOOD CARBON DIOXIDE	\$145.16
82375	ASSAY CARBOXYHB QUANT	\$231.25
82376	CARBOXYHEMOGLOBIN QUALITATIVE	\$41.75
82435	ASSAY OF BLOOD CHLORIDE	\$145.16
82465	CHOLESTEROL SERUM/WHL BLD TOT	\$173.81
82491	CHROM QUAN COLUMN 1 ANAL NES	\$81.43
82533	TOTAL CORTISOL	\$287.91
82540	CREATINE	\$111.94
82541	COL-CHR/MS QUAL 1 STATIONARY&MOBILE PHASE	\$197.91
82550	CREATINE KINASE TOT	\$287.00
82553	CKMB - CREATINE KINASE MB FXJ ONLY	\$430.50
82554	CREATINE KINASE ISOFORMS	\$334.65
82565	CREATININE BLD	\$239.18
82570	ASSAY OF URINE CREATININE	\$131.69
82575	CREATININE CLEARANCE TEST	\$126.79
82600	ASSAY OF CYANIDE	\$215.56
82607	CYANOCOBALAMIN	\$120.54
82608	CYANOCOBALAMIN UNSAT BNDNG CAP	\$313.09
82627	DEHYDROEPIANDROSTERONE	\$263.93
82642	DIHYDROTESTOSTERONE	\$263.93
82652	VIT D 1 25-DIHYDROXY	\$263.93
82670	ASSAY OF ESTRADIOL	\$215.56

CPT Charge Master Listing Report

Customer is PATIENTS EMERGENCY ROOM, LLC - 467128

CPT Code	CPT Short Description	CPT Default Price
82672	ASSAY OF ESTROGEN	\$223.31
82679	ASSAY OF ESTRONE	\$325.61
82705	FAT/LIPIDS FECES QUAL	\$60.14
82728	ASSAY OF FERRITIN	\$162.00
82746	ASSAY OF FOLIC ACID SERUM	\$159.94
82784	GAMMAGLOBULIN IGA IGD IGG IGM EACH	\$140.25
82787	GAMMAGLOBULIN IMMUNOGLOBULIN SUBCLASSES	\$114.84
82800	GASES BLD PH ONLY	\$213.34
82803	GASES BLD PH CALCULATED O2 SATURATION	\$627.10
82805	GASES BLD PH DIR MEAS XCPT PLS OXIMTRY	\$321.84
82810	GASES BLD O2 SATURATION ONLY DIR MEAS	\$59.40
82945	GLUCOSE, BODY FLUID, OTHER THAN BLOOD	\$236.56
82947	GLUC QUAN BLD	\$180.29
82948	GLUC BLD RGNT STRIP	\$126.59
82962	GLUC BLD GLUC MNTR DEV	\$112.89
82969	Etiocholanolone	\$207.29
82977	GGT - GLUTAMYLTRASE GAMMA	\$126.59
83001	ASSAY OF GONADOTROPIN (FSH)	\$172.50
83002	ASSAY OF GONADOTROPIN (LH)	\$138.00
83009	H PYLORI (C-13) BLOOD	\$105.48
83010	ASSAY OF HAPTOGLOBIN QUANT	\$147.53
83036	HEMOGLOBIN GLYCOSYLATED (A1C)	\$105.48
83090	ASSAY OF HOMOCYSTINE	\$234.64
83520	IMMUNOASSAY ANALYTE QUANTITATIVE NOS	\$235.15
83525	ASSAY OF INSULIN	\$145.16
83540	ASSAY OF IRON	\$206.25
83550	IRON BINDING TEST	\$137.00
83605	LACTATE	\$145.16
83615	LACTATE DEHYDROGENASE LD ISOENZYME PANEL	\$67.44
83630	LACTOFERRIN FECAL (QUAL)	\$191.34
83655	ASSAY OF LEAD	\$206.25
83690	ASSAY OF LIPASE	\$239.18
83718	CLOSED TX ANKLE DISLOCATION W/O ANESTHESIA	\$624.10
83721	ASSAY OF BLOOD LIPOPROTEIN	\$159.94
83735	MAGNESIUM	\$258.30
83874	MYOGLOBIN	\$281.26
83880	BNP - B TYPE NATRIURETIC PEPTIDE	\$526.16
83930	ASSAY OF BLOOD OSMOLALITY	\$159.94
83935	ASSAY OF URINE OSMOLALITY	\$206.25
83970	ASSAY OF PARATHORMONE	\$167.25
83986	ASSAY PH BODY FLUID NOS	\$171.25
83993	ASSAY FOR CALPROTECTIN FECAL	\$171.25
84075	ASSAY ALKALINE PHOSPHATASE	\$55.75

CPT Charge Master Listing Report

Customer is PATIENTS EMERGENCY ROOM, LLC - 467128

CPT Code	CPT Short Description	CPT Default Price
84100	ASSAY OF PHOSPHORUS	\$249.15
84132	POTASSIUM SERUM PLASMA/WHOLE BLOOD	\$249.15
84144	PROGST	\$249.15
84145	PROCALCITONIN (PCT)	\$147.53
84146	ASSAY OF PROLACTIN	\$147.53
84152	PRST8 SPEC AG CPLXED DIR MEAS	\$128.15
84153	PROSTATE SPECIFIC ANTIGEN PSA	\$254.45
84154	ASSAY OF PSA FREE	\$147.50
84155	ASSAY OF PROTEIN SERUM	\$47.81
84157	PROTEIN TOT XCPT REFRACTOMETRY OTH SRC	\$42.58
84166	PROTEIN E-PHORESIS/URINE/CSF	\$143.13
84244	ASSAY OF RENIN	\$167.25
84295	SODIUM, SERUM	\$148.75
84300	ASSAY OF URINE SODIUM	\$126.79
84402	ASSAY OF FREE TESTOSTERONE	\$427.31
84403	ASSAY OF TOTAL TESTOSTERONE	\$427.31
84436	THYROXINE TOT	\$272.25
84439	THYROXINE FR	\$262.13
84443	TSH - THYR STIMULATING HORM	\$430.50
84450	TRANSFERASE (AST) (SGOT)	\$244.78
84460	ALANINE AMINO (ALT) (SGPT)	\$244.78
84478	ASSAY OF TRIGLYCERIDES	\$234.64
84479	THYR HORM UPTK/THYR HORM BNDNG RATIO	\$357.05
84480	ASSAY TRIIODOTHYRONINE (T3)	\$234.64
84481	Triiodothyronine T3	\$334.84
84484	TROPONIN QUAN	\$430.50
84512	TROPONIN QUAL	\$253.04
84520	UREA N QUAN	\$208.58
84550	URIC ACID BLD	\$246.81
84560	URIC ACID OTH SRC	\$224.43
84600	ASSAY OF VOLATILES	\$159.94
84702	GONAD CHORNC QUAN	\$342.20
84703	URINE HCG - GONAD CHORNC QUAL	\$348.23
84704	GONADOTROPIN CHORIONIC HCG FREE BETA CHAIN	\$162.94
85007	BLOOD SMEAR W/DIFF WBC COUNT	\$52.74
85014	BLD# HEMATOCRIT	\$167.03
85018	BLD# HGB	\$167.03
85025	CBC-BLD# COMPL AUTO HHRWP&AUTO DIFFIAL	\$334.84
85027	BLD# COMPL AUTO HHRWP	\$243.00
85032	BLD# MNL C-CNT RBC WBC/PLTLT EA	\$249.80
85041	AUTOMATED RBC COUNT	\$58.55
85044	BLD# RETICULOCYTE MNL	\$163.98
85045	BLOOD COUNT RETICULOCYTE	\$43.49

CPT Charge Master Listing Report

Customer is PATIENTS EMERGENCY ROOM, LLC - 467128

CPT Code	CPT Short Description	CPT Default Price
85046	Blood count; reticulocytes, automated, including 1 or more c...	\$52.74
85049	AUTOMATED PLATELET COUNT	\$52.74
85060	BLD SMR PRPH INTERPJ PHYS WRITTN REPR	\$113.85
85302	CLOT INHIBIT PROT C ANTIGEN	\$173.83
85303	CLOT INHIBIT PROT C ACTIVITY	\$179.94
85305	CLOT INHIBIT PROT S TOTAL	\$246.45
85306	CLOT INHIBIT PROT S FREE	\$234.16
85347	COAGJ TM ACTIVATED	\$57.89
85362	Fibrin degradation product	\$246.45
85378	D-DIMER - FIBRIN DGRADJ PRODUXS D-DIMER QUAL/SEMIQUAN	\$246.45
85379	FIBRIN DGRADJ PRODUXS D-DIMER QUAN	\$517.15
85380	FIBRIN DGRADJ PRODUXS D-DIMER ULTRSENS	\$534.40
85384	FIBRINOGEN ACTIVITY	\$126.00
85385	FIBRINOGEN ANTIGEN	\$534.40
85576	BLOOD PLATELET AGGREGATION	\$167.03
85597	PHOSPHOLIPID PLTLT NEUTRALIZ	\$323.35
85610	PT - PROTHROMBIN TIME	\$281.26
85612	VIPER VENOM PROTHROMBIN TIME	\$405.50
85613	RUSSELL VIPER VENOM DILUTED	\$281.26
85651	SEDIMENTATION RATE RBC NON-AUTO	\$239.18
85652	SEDIMENTATION RATE RBC AUTO	\$152.99
85660	RBC SICKLE CELL TEST	\$281.20
85730	THROMBOPLASTIN TM PRTL PLSM/WHL BLD	\$265.36
85732	THROMBOPLASTIN TIME PARTIAL	\$265.36
86000	AGGLUTININS FEBRILE ANTIGEN	\$93.94
86005	Allergen specific ige	\$93.94
86038	ANTINUCLEAR ANTIBODIES	\$173.83
86039	ANA TITER	\$93.94
86060	ANTISTREPTOLYSIN O TITER	\$93.94
86140	C-REACTIVE PROTEIN	\$36.23
86141	C-REACTIVE PROTEIN HS	\$36.23
86225	DNA ANTIBODY NATIVE	\$213.44
86235	NUCLEAR ANTIGEN ANTIBODY	\$173.83
86304	IMMUNOASSAY TUMOR CA 125	\$266.20
86305	Human epididymis protein 4	\$173.83
86308	MONO - HTROPHL ANTIBODIES SCR	\$173.83
86317	IMMUNOASSAY INFECTIOUS AGENT	\$173.83
86325	IMMUNOELECTROPHORESIS OTH FLUS CONCENTRATION	\$306.13
86328	IA NFCT AB SARSCOV2 COVID19	\$199.00
86335	IMMUNIFIX E-PHORSISURINECSF	\$306.13
86359	T CELLS TOTAL COUNT	\$235.15
86361	T CELL ABSOLUTE COUNT	\$260.21
86376	MICROSOMAL ANTIBODY	\$173.83

CPT Charge Master Listing Report

Customer is PATIENTS EMERGENCY ROOM, LLC - 467128

CPT Code	CPT Short Description	CPT Default Price
86403	PART AGGLUJ SCR EA ANTB	\$218.56
86430	RHEUMATOID FACTOR QUAL	\$121.03
86431	RHEUMATOID FACTOR QUANT	\$121.03
86480	TB CELL MEDIATED ANTIGN RESPNSE GAMMA INTERFER	\$260.21
86486	SKIN TEST UNLISTED ANTIGEN EACH	\$24.75
86580	SKN TST TUBERCULOSIS ID	\$28.71
86592	SYPHILIS TST QUAL	\$57.51
86593	SYPHILIS TEST NON-TREP QUANT	\$287.00
86611	ANTB BARTONELLA	\$54.45
86615	BORDETELLA ANTIBODY	\$213.44
86617	Lyme Disease Ab with Reflex to Blot	\$122.75
86618	LYME DISEASE ANTIBODY	\$215.54
86628	CANDIDA ANTIBODY	\$213.44
86631	ANTB CHLAMYDIA	\$213.44
86645	ANTIBODY CYTOMEGALOVIRUS CMV, IGM	\$175.86
86663	ANTB EPSTEIN-BARR EB VIRUS EARLY AG EA	\$402.65
86666	EHRlichia ANTIBODY	\$157.74
86668	FRANCISELLA TULARENSIS ANTIBODY	\$175.86
86677	Antibody; Helicobacter pylori	\$157.74
86689	ANTB HTLV/HIV ANTB CONFIRMATORY TST	\$352.05
86694	ANTB HERPES SMPLX NON-SPEC TYP TST	\$103.50
86695	Antibody; herpes simplex, type 1	\$124.65
86696	Herpes Simplex Virus 2 (IgG), HerpeSelect with Reflex to HSV...	\$124.65
86701	ANTB HIV-1	\$237.25
86702	ANTB HIV-2	\$288.75
86703	ANTB HIV-1&HIV-2 1 ASSAY	\$94.05
86704	HEP B CORE ANTIBODY TOTAL	\$280.86
86705	HEP B CORE ANTIBODY IGM	\$234.39
86706	HEP B SURFACE ANTIBODY	\$418.25
86709	Hepatitis a igm antibody	\$234.39
86710	ANTB INF VIRUS	\$234.39
86735	MUMPS ANTIBODY	\$94.05
86756	RSV ANTB	\$234.39
86759	ANTB ROTAVIRUS	\$331.15
86765	RUBEOLA ANTIBODY	\$171.25
86769	SARS COV 2 COVID 19 ANTIBODY	\$199.00
86771	SHIGELLA ANTIBODY	\$168.21
86774	TETANUS ANTIBODY	\$168.21
86780	TREPONEMA PALLIDUM	\$207.33
86787	ANTB VARICELLA-ZOSTER	\$216.13
86788	WEST NILE VIRUS AB IGM	\$168.21
86789	ANTIBODY WEST NILE VIRUS	\$168.21
86803	Hepatitis C antibody	\$175.86

CPT Charge Master Listing Report

Customer is PATIENTS EMERGENCY ROOM, LLC - 467128

CPT Code	CPT Short Description	CPT Default Price
86804	HEP C AB TEST CONFIRM	\$175.86
86850	ANTB SCR RBC EA SERUM TQ	\$310.91
86870	RBC ANTIBODY IDENTIFICATION	\$234.39
86900	BLD TYPING ABO	\$232.68
86901	BLD TYPING RH D	\$141.20
86905	BLOOD TYPING RBC ANTIGENS	\$141.20
86906	BLD TYPING RH PHEXYPING COMPL	\$141.20
87015	SPECIMEN INFECT AGNT CONCNTJ	\$150.78
87040	BLOOD CULTURE - CUL BACT BLD AERC ISOL	\$430.50
87045	CUL BACT STL AERC ISOL SALMONELLA&SHIGELLA	\$420.93
87046	CUL BACT STL AERC ADDL PATHOGENS&ID EA	\$230.18
87070	CUL BACT XCPT URINE BLD/STL AERC ISOL	\$312.63
87071	CULTURE AEROBIC QUANT OTHER	\$312.50
87073	CULTURE BACTERIA ANAEROBIC	\$160.00
87075	CUL BACT BLD ANAERC ISOL	\$468.78
87076	CULTURE ANAEROBE IDENT	\$91.66
87077	CULTURE AEROBIC IDENTIFY	\$91.66
87081	CUL PRSMPTV PTHGNC ORGANISMS SCR	\$331.56
87084	CULTURE OF SPECIMEN BY KIT	\$331.56
87086	CUL BACT QUAN COLONY CNT URINE	\$316.14
87088	CULTURE BCT ISOL&PRSMPTV ID ISOLATE EA URINE	\$65.44
87102	FUNGUS ISOLATION CULTURE	\$259.96
87106	CUL FNGI DEFINITIVE ID EA ORGANISM YEAST	\$259.96
87109	MYCOPLASMA PNEUMONIAE CULTURE	\$236.33
87110	CUL CHLAMYDIA ANY SRC	\$424.68
87140	CULTURE TYPE IMMUNOFLUORESC	\$236.33
87147	CULTURE TYPE IMMUNOLOGIC	\$236.33
87169	MACROSCOPIC EXAM PARASITE	\$135.79
87177	OVA&PARASITS DIR SMRS CONCENTRATION&ID	\$106.18
87184	SUSCEPTIBILITY STUDIES, ANTIMICROBIAL AGENT	\$230.18
87186	MICROBE SUSCEPTIBLE MIC	\$143.13
87205	SMR PRIM SRC GRAM/GIEMSA STAIN BCT FUNGI/CELL	\$239.25
87207	SMR PRIM SRC SPEC STAIN BODIES/PARASITS	\$239.29
87209	SMR PRIM SRC COMPLEX STOVA/PARASITES STOOL	\$167.50
87210	SMR PRIM SRC WET MOUNT NFCT AGT	\$150.78
87220	TISSUE EXAM FOR FUNGI	\$150.78
87230	CLOSTRIDIUM DIFFICILE CYTOTOXICITY ASSAY	\$145.16
87250	VIRUS INOCULATE EGGS/ANIMAL	\$108.21
87252	Herpes simplex/Varicella	\$108.21
87255	GENET VIRUS ISOLATE HSV	\$108.21
87273	HERPES SIMPLEX 2 AG	\$124.45
87274	Infectious agent antigen detection by	\$124.45
87275	INFLUENZA B AG IF	\$277.44

CPT Charge Master Listing Report

Customer is PATIENTS EMERGENCY ROOM, LLC - 467128

CPT Code	CPT Short Description	CPT Default Price
87276	INFLUENZA A AG IF	\$277.44
87280	RESPIRATORY SYNCYTIAL AG IF	\$239.25
87324	IAAD EIA CLOSTRIDIUM DIFFICILE TOXIN	\$388.13
87329	GIARDIA AG IA	\$175.86
87332	IAAD EIA CMV	\$240.08
87339	H PYLORI AG EIA	\$600.13
87340	HEPATITIS B SURFACE AG EIA	\$175.86
87341	HEPATITIS B SURFACE AG IA	\$282.50
87389	Infectious agent antigen detection by enzyme immunoassay tec...	\$255.01
87390	IAAD EIA HIV-1	\$204.85
87400	INFLUENZA A OR B - IAAD EIA INF/B EA	\$285.09
87420	IAAD EIA RSV	\$161.48
87425	IAAD EIA ROTAVIRUS	\$331.15
87426	CORONAVIRUS AG IA	\$199.00
87427	SHIGA-LIKE TOXIN AG IA	\$150.00
87430	IAAD EIA STREPTOCOCCUS GROUP A	\$384.01
87480	CANDIDA DNA DIR PROBE	\$323.35
87491	CHYLM D TRACH DNA AMP PROBE	\$323.35
87492	CHYLM D TRACH DNA QUANT	\$331.15
87493	INF AGENT DET NUC ACID CLOSTRIDIUM AMP PROBE	\$323.35
87497	CYTOMEG DNA QUANT	\$255.01
87498	ENTEROVIRUS PROBE AND REVR S TRNS	\$323.35
87505	NFCT AGENT DETECTION GI	\$296.26
87506	IADNA-DNARNA PROBE TQ 6-11	\$296.26
87507	IADNA-DNARNA PROBE TQ 12-25	\$393.86
87510	GARDNER VAG DNA DIR PROBE	\$393.86
87520	HEPATITIS C RNA DIR PROBE	\$393.86
87522	HEPATITIS C REVR S TRNSCRPJ	\$175.86
87528	IADNA HERPES SMPLX VIRUS DIR PRB	\$393.86
87529	HSV DNA AMP PROBE	\$393.86
87530	IADNA HERPES SOMPLX VIRUS QUANTIFICATION	\$402.78
87591	INFECTIOUS AGENT DETECTION BY NUCLEIC ACID (DNA OR RNA); NEI...	\$296.26
87624	HPV HIGH-RISK TYPES	\$286.24
87633	RESP VIRUS 12-25 TARGETS	\$286.25
87635	SARS COV 2 COVID 19 AMP PRB	\$199.00
87652	STREP A DNA QUANT	\$158.14
87660	TRICHOMONAS VAGIN DIR PROBE	\$296.26
87661	TRICHOMONAS VAGINALIS AMPLIF	\$528.61
87662	ZIKA VIRUS DNA/RNA AMP PROBE	\$287.00
87798	DETECT AGENT NOS DNA AMP	\$124.45
87800	DETECT AGNT MULT DNA	\$375.00
87802	STREP B ASSAY W/OPTIC	\$384.01
87804	IAADIADOO INF	\$277.44

CPT Charge Master Listing Report

Customer is PATIENTS EMERGENCY ROOM, LLC - 467128

CPT Code	CPT Short Description	CPT Default Price
87806	HIV ANTIGEN W/HIV ANTIBODIES	\$412.61
87807	IAADIADOO RSV	\$68.89
87808	Infectious agent antigen detection by immunoassay with direc...	\$59.40
87850	IAADIADOO NEISSERIA GONORRHOEAE	\$213.44
87880	IAADIADOO STREPTOCOCCUS GRP	\$234.39
87899	AGENT NOS ASSAY W/OPTIC	\$145.80
87905	SIALIDASE ENZYME ASSAY	\$164.20
88304	TISSUE EXAM BY PATHOLOGIST	\$261.00
88305	TISSUE EXAM BY PATHOLOGIST	\$622.10
89050	BODY FLUID CELL COUNT	\$59.86
89051	C-CNT MISC BDY FLUS XCPT BLD DIFFIAL CNT	\$63.94
89055	WBC ASSMT FECAL QUAL/SEMIQUAN	\$49.59
89060	CRYSTAL ID LIGHT MIC ALYS TISSUE/ANY FLU	\$94.15
89220	SPTM OBTG SPEC AERSL INDUCED SPX	\$159.76
90384	RHO D IMMUNE GLOBULIN FULL-DOSE IM	\$198.00
90470	H1N1 IMMUNIZATION ADMINISTRATION (INTRAMUSCULAR, INTRANASAL)...	\$99.00
90471	IMADM PRQ ID SUBQ/IM NJXS 1 VACC	\$9.58
90472	IMADM PRQ ID SUBQ/IM NJXS EA VACC	\$7.19
90658	INFLUENZA VIRUS VACCINE SPLIT VIRUS 3 YEARS + IM	\$221.38
90660	INFLUENZA VIRUS VACCINE LIVE INTRANASAL	\$114.80
90662	INFLUENZA VACCINE SPLT PRSRV FREE INC ANTIGEN IM	\$99.00
90665	LYME DISEASE VACCINE ADULT IM	\$198.00
90675	RABIES VACCINE INTRAMUSCULAR	\$317.88
90688	IIV4 VACCINE SPLT 0.5 ML IM	\$198.40
90703	TETANUS TOXOID ADSORBED INTRAMUSCULAR	\$248.66
90707	MEASLES MUMPS RUBELLA VIRUS VACCINE LIVE SUBQ	\$311.39
90714	TD VACCINE NO PRSV>/=7 IM	\$235.60
90715	TDAP VACCINE 7 YR + IM	\$241.66
90716	VARICELLA VIRUS VACCINE LIVE SUBQ	\$107.25
90718	TD - TETANUS & DIPHTHERIA TOXOIDS ADSORBED 7 YR + IM	\$248.66
90721	DTAPHIB VACCINE IM	\$241.66
90723	DTAP-HEP B-IPV VACCINE IM	\$241.66
90746	HEPATITIS B VACCINE ADULT DOSAGE INTRAMUSCULAR	\$130.08
90997	HEMOPERFUSION	\$669.66
92950	CARDIOPULM RESUSCITATION	\$1,600.11
92960	CARDIOVERSION ELECTIVE ARRHYT XTRNL	\$1,784.45
93000	ECG ROUTINE ECG W/LEAST 12 LDS W/I&R	\$405.63
93005	ECG ROUTINE ECG W/LEAST 12 LDS TRCG ONLY W/O I&R	\$429.45
93010	ECG ROUTINE ECG W/LEAST 12 LDS I&R ONLY EKG	\$246.45
93041	RHYTHM ECG 1-3 LDS TRCG ONLY W/O I&R	\$239.18
93042	RHYTHM ECG, 1-3 LEADS; INTERPRETATION AND REPORT ONLY	\$205.50
93224	WEARABLE ECG 24 HR W/VIS SUPIMPOS SCAN PHYS R&I	\$243.19
93303	COMPLETE TTHRC ECHO CONGENITAL CARDIAC ANOMALY	\$2,595.33

CPT Charge Master Listing Report

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CPT Code	CPT Short Description	CPT Default Price
93306	ECHO TTHRC R-T 2D -+M-MODE COMPL SPEC&COLOR DOP	\$3,711.35
93307	Echocardiography, transthoracic, real-time with image docume...	\$1,750.65
93308	TTHRC R-T IMG 2D +-M-MODE REC F-UP/LMTD	\$1,751.64
93312	TEE R-T IMG 2D W/PRB IMG ACQUISJ I&R	\$1,667.90
93313	TEE R-T IMG 2D W/PROBE PLMT ONLY	\$4,303.61
93320	DOP ECHO COMPL	\$561.66
93350	STRESS TEST ONLY	\$1,196.06
93351	ECHO TTHRC RT 2D M-MODE REST&STRS CONT ECG	\$2,557.91
93875	N-INVAS PHYSIOLOGIC STD XTRC ART COMPL BI STD	\$1,377.59
93880	DUP-SCAN XTRC ART COMPL BI STD	\$1,479.86
93882	DUP-SCAN XTRC ART UNI/LMTD STD	\$1,480.90
93925	LOWER EXTREMITY STUDY	\$1,676.25
93926	DOPPLER - DUP-SCAN LXTR ART/ARTL BPGS UNI/LMTD STD	\$1,438.81
93931	DUP-SCAN UXTR ART/ARTL BPGS UNI/LMTD STD	\$765.33
93965	N-INVAS PHYSIOLOGIC STD XTR VEINS COMPL BI STD	\$2,961.81
93970	DUP-SCAN XTR VEINS COMPL BI STD	\$2,049.15
93971	DUP-SCAN XTR VEINS UNI/LMTD STD	\$1,056.15
93975	DUPLEX SCANNING OF ARTERIAL INFLOWVENOUS	\$967.13
93976	DUPLEX SCANNING OF ARTERIAL INFLOWVENOUS OUTFLOW OF ABDOMINA..	\$816.84
93980	PENILE VASCULAR STUDY	\$1,276.60
94010	BREATHING CAPACITY TEST	\$180.45
94150	VC TOT SPX	\$198.00
94375	RESPIRATORY FLOW VOLUME LOOP	\$198.00
94621	PULM STRS TSTG CPLX	\$1,687.16
94640	NEBULIZER TREATMENT AIRWAY INHALATION TREATMENT - PRESS/N-PR...	\$957.00
94644	INHALATION TREATMENT - CONTINUOUS 1ST HR	\$258.94
94760	PULSE OX -N-INVAS EAR/PLS OXIMTRY F/O2 SAT 1 DETER	\$181.58
94761	N-INVAS EAR/PLS OXIMTRY F/O2 SAT MLT DETERS	\$390.61
94799	PULMONARY SERVICE PROCEDURE	\$258.94
96360	IV INFUSION HYDRATION INITIAL 31 MIN-1 HOUR	\$411.38
96361	IV INFUSION HYDRATION EACH ADDITIONAL HOUR	\$382.66
96365	IV THERAPY 1ST 1 HOUR	\$595.04
96366	IV THERAPY, EACH ADDL HOUR	\$380.75
96367	IV NFS THER PROPH/DX ADDL SEQUENTIAL NFS 1 HR	\$430.50
96368	IV NFS THERAPY PROPHYLAXIS/DX CONCURRENT NFS	\$411.38
96372	INJECTION, INTRAMUSCULAR OR SUBCUTANEOUS	\$271.61
96373	INJECTION, INTRA-ARTERIAL	\$373.54
96374	IV PUSH THER PROPH/DX NJX IV PUSH SINGLE/1ST SBST/DRUG	\$491.73
96375	IV PUSH ADD DRUG THER PROPH/DX NJX EA SEQL IV PUSH SBST/DRUG	\$332.91
96376	SUBCUTANEOUS INFUSION EACH ADDITIONAL IV PUSH	\$361.61
96379	INJECTION - UNLISTED THERAPEUTIC PROPH/DX IV/IA NJX/NFS	\$348.80
97116	THERAPEUTIC PROCEDURE, 1 OR MORE AREAS, EACH 15 MINUTES; GAI...	\$233.03
97597	REMOVAL DEVITAL TISSUE 20 CM	\$421.14

CPT Charge Master Listing Report

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CPT Code	CPT Short Description	CPT Default Price
97598	RMVL DEVITAL TIS ADDL 20CM	\$421.14
99000	HANDLG&/OR CONVEY OF SPEC FOR TR OFFICE TO LAB	\$32.18
99001	HANDLG&/OR CONVEY OF SPEC FOR TR FROM PT TO LAB	\$66.98
99053	SVC PRV BTW 10 PM&8 AM AT 24-HR FAC	\$239.18
99070	SUPPLIES&MATERIALS PRV BY PHYS >&ABOVE	\$86.48
99143	M-SEDATJ BY SM PHYS PERFRMG SVC < 5 YR	\$719.41
99144	ANESTHESIA - M-SEDAJ BY SM PHYS PERFRMG SVC 5+ YR	\$736.56
99145	M-SEDAJ BY SM PHYS PERFRMG SVC EA 15 MIN	\$277.44
99148	M-SEDATION BY PHYS OTH/THN HC PROF PERFRMG < 5	\$239.09
99149	M-SEDATION BY PHYS OTH/THN HC PROF PERFRMG 5+	\$595.04
99150	MOD SED DIFF PHYS/QHP ADD ON	\$517.43
99151	MOD SED SAME PHYS/QHP 5 YRS	\$688.93
99152	MODERATE SEDATION 5 YEARS OR OLDER	\$546.48
99153	MOD SED SAME PHYS/QHP EA	\$510.86
99173	VISUAL ACUITY SCREENING	\$478.33
99220	INITIAL OBSERVATION CARE	\$1,426.76
99244	OFFICE CONSLTJ 60 MIN	\$501.60
99281	EMER DEPT SELF LIMITED/MINOR	\$528.60
99282	EMER DEPT LOW TO MODERATE SEVERITY	\$1,031.25
99283	EMER DEPT MODERATE SEVERITY	\$1,670.05
99284	EMER DEPT HI SEVERITY&URGENT EVAL	\$2,087.25
99285	EMER DEPT HIGH SEVERITY&THREAT FUNCJ	\$2,783.00
99291	CC E/M CRITICALLY ILL/INJURED 1ST 30-74 MIN	\$3,348.30
99292	CC E/M CRITICALLY ILL/INJURED EA 30 MIN	\$3,778.80
99406	TOBACCO USE CESSATION INTERMEDIATE 3-10 MINUTES	\$133.04
A0394	ALS IV DRUG THERAPY SUPPLIES	\$4.31
A0396	ALS ESOPHAGEAL INTUB SUPPLS	\$47.84
A4206	Syringe with needle, sterile, 1 cc or less, each	\$30.39
A4208	3 CC STERILE SYRINGE&NEEDLE	\$51.48
A4209	5+ CC STERILE SYRINGE&NEEDLE	\$57.40
A4212	NON CORING NEEDLE OR STYLET	\$20.58
A4213	20 CC SYRINGE ONLY	\$11.44
A4215	NEEDLE STERILE, ANY SIZE, EACH	\$20.58
A4216	STERILE WATER/SALINE, FLUSH 10 ML	\$5.74
A4217	STERILE WATER/SALINE, 500 ML	\$43.63
A4221	MAINT DRUG INFUS CATH PER WK	\$231.35
A4222	INFUSION SUPPLIES WITH PUMP	\$459.24
A4232	SYRINGE WITH NEEDLE FOR EXTERNAL INSULIN PUMP	\$51.48
A4244	ALCOHOL OR PEROXIDE PER PINT	\$7.65
A4246	BETADINE/PHISOHEX SOLUTION	\$41.29
A4247	BETADINE/IODINE SWABS/WIPES	\$41.29
A4248	CHLORHEXIDINE ANTISEPT	\$195.23
A4252	GLUCOSE TEST STRIP - BLOOD KETONE TEST OR STRIP	\$9.89

CPT Charge Master Listing Report

Customer is PATIENTS EMERGENCY ROOM, LLC - 467128

CPT Code	CPT Short Description	CPT Default Price
A4253	BLOOD GLUCOSEREAGENT STRIPS	\$9.89
A4300	IMPLANTABLE ACCESS CATHETER	\$69.79
A4311	CATHETER W/O BAG 2-WAY LATEX	\$57.40
A4312	CATH WO BAG 2-WAY SILICONE	\$45.91
A4313	CATHETER W/BAG 3-WAY	\$45.91
A4314	CATH W/DRAINAGE 2-WAY LATEX	\$21.05
A4315	CATH W DRAINAGE 2 WAY SILCNE	\$45.91
A4320	IRRIGATION TRAY	\$25.36
A4322	IRRIGATION SYRINGE	\$25.36
A4326	MALE EXTERNAL CATHETER WITH INTEGRAL COLLECTION CHAMBER, ANY...	\$14.36
A4327	URINE CUP FEMALE COLLECT DEV CUP	\$5.74
A4328	FEMALE EXTERNAL URINARY COLLECTION DEVICE; POUCH, EACH	\$6.24
A4332	LUBE STERILE PACKET	\$11.49
A4334	URINARY CATH LEG STRAP	\$19.14
A4335	INCONTINENCE SUPPLY MISCELLANEOUS	\$5.74
A4338	INDWELLING CATHETER LATEX	\$19.14
A4340	INDWELLING CATHETER SPECIAL	\$69.79
A4344	CATHETER - FOLEY 2 WAY SILICN	\$21.05
A4351	STRAIGHT TIP URINE CATHETER	\$18.65
A4352	COUDE TIP URINARY CATHETER	\$38.51
A4353	INTERMITTENT URINARY CATH	\$38.26
A4354	CATH INSERTION TRAY W/BAG	\$102.14
A4355	BLADDER IRRIGATION TUBING	\$73.28
A4356	EXT URETH CLMP OR COMPR DVC	\$446.79
A4357	BEDSIDE DRAINAGE BAG	\$36.05
A4358	BAG - URINARY LEG OR ABDOMEN BAG	\$23.93
A4364	DERMABOND - ADHESIVE, LIQUID OR EQUAL PER OZ.	\$54.66
A4402	LUBRICANT PER OUNCE	\$15.63
A4450	TAPE NON-WATERPROOF	\$17.16
A4452	TAPE WATERPROOF	\$17.16
A4455	ADHESIVE REMOVER PER OUNCE	\$17.16
A4456	ADHESIVE REMOVER, WIPES	\$17.16
A4458	CONDUCTIVE GEL OR PASTE	\$17.16
A4550	LACERATION - SURGICAL KIT	\$669.66
A4554	DISPOSABLE UNDERPADS - CHUCKS PAD - CHUX	\$47.75
A4555	ELECTRODETRANSDUCE	\$121.89
A4556	ELECTRODES PAIR	\$121.89
A4565	SLINGS	\$239.18
A4566	SHOULD SLING/VEST/ABRESTRAIN	\$252.21
A4570	SPLINT	\$205.69
A4575	HYPERBARIC O2 CHAMBER DISPS	\$92.40
A4580	CAST SUPPLIES (PLASTER)	\$136.64
A4590	ORTHO GLASS 4" SPECIAL CASTING MATERIAL	\$205.69

CPT Charge Master Listing Report

Customer is PATIENTS EMERGENCY ROOM, LLC - 467128

CPT Code	CPT Short Description	CPT Default Price
A4590 3	ORTHO GLASS 3" SPECIAL CASTING MATERIAL	\$137.78
A4606	OXYGEN PROBE USED W OXIMETER	\$208.55
A4615	CANNULA NASAL O2	\$9.58
A4616	TUBING (OXYGEN) PER FOOT	\$4.31
A4620	MASK - VARIABLE CONCENTRATION MASK - NON-REBREATHER MASK	\$90.24
A4629	TRACHEOSTOMY CARE KIT	\$20.10
A4649	SURGICAL MISC	\$12.63
A4649 BAG	BAG - NORMAL SALINE 100ML BAG	\$36.05
A4649 BAND	BANDAID	\$1.59
A4649 BLAD	SCAPLEL BLADE 11	\$7.90
A4649 BOTT	HYDROGEN PEROXIDE BOTTLE	\$19.80
A4649 BUDD	BUDDY TAPE	\$14.18
A4649 CAT	IV CATH ANY SIZE	\$258.30
A4649 CAU	ELECTROCAUTERY STICKS	\$54.55
A4649 CUP	URINE SPEC CUP	\$4.74
A4649 DEC	CO2 DETECTOR	\$25.30
A4649 ENEM	FLEET ENEMA PR	\$52.23
A4649 ICE	ICE PACK	\$7.90
A4649 IRR	IRRIGATION BOTTLE	\$20.96
A4649 IV	IV START KIT	\$20.10
A4649 LAMP	WOODS LAMP	\$281.26
A4649 LITE	LIGHT SOURCE	\$57.89
A4649 MASK	ABUTER MASK	\$15.81
A4649 MON	CARDIAC MONITOR	\$473.55
A4649 NACL	SODIUM CHLORIDE BOTTLE 1000 ML	\$16.50
A4649 NIT	SILVER NITRATE STICKS EACH	\$66.03
A4649 OXY	OXYGEN MASK	\$35.20
A4649 SPEC	SPECULUM	\$289.50
A4649 STAP	STAPLE REPAIR KIT	\$95.66
A4649 TAM	RAPID RHINO NASAL PACKING OR NASAL TAMPON	\$9.58
A4649 TON	TONGUE DEPRESSOR	\$4.31
A4649 TOUR	TOURNIQUETS	\$47.84
A4649 TU	IV TUBING	\$73.28
A4649 VAG	VAGINAL SPECULUM	\$289.50
A4649BASIN	BASIN - EMESIS BASIN STERILE	\$9.99
A4649STAPL	SKIN STAPLER	\$296.11
A4649STR	FLUOR-I-STRIP	\$23.15
A4649SUTUR	SUTURES	\$23.93
A4649VBAG	VOMIT BAG	\$10.54
A4650	IMPLANT RADIATION DOSIMETER	\$69.79
A4657	SYRINGE WITH OR WITHOUT NEEDLE	\$11.44
A4660	SPHYG/BP APP W CUFF AND STET	\$50.49
A4670	AUTOMATIC BP MONITOR, DIAL	\$58.55

CPT Charge Master Listing Report

Customer is PATIENTS EMERGENCY ROOM, LLC - 467128

CPT Code	CPT Short Description	CPT Default Price
A4673	SALINE LOCK	\$22.96
A4770	BLOOD COLLECTION TUBE/VACUUM	\$9.79
A4927	GLOVES NON-STERILE	\$4.31
A4929	TOURNIQUET FOR DIALYSIS, EA	\$12.26
A4930	GLOVES STERILE, PER PAIR	\$5.74
A5112	URINARY DRAINAGE BAG	\$36.05
A5120	SWAB OR WIPE SKIN BARRIER	\$9.58
A5126	ADHESIVE OR NON-ADHESIVE DISK OR FOAM PAD	\$18.76
A5200	PERCUTANEOUS CATHETER ANCHOR	\$191.33
A6000	NON-CONTACT WOUND WARMING WOUND COVER FOR USE WITH THE NON-	\$28.90
A6021	COLLAGEN DRESSING <=16 SQ IN	\$28.63
A6198	ALGINATE DRESSING >48 SQ IN	\$23.15
A6199	ALGINATE DRSG WOUND FILLER	\$23.15
A6203	COMPOSITE DRSG 16 SQ IN	\$14.31
A6204	COMPOSITE DRSG	\$14.31
A6205	COMPOSITE DRSG 48 SQ IN	\$34.44
A6208	CONTACT LAYER, STERILE, MORE THAN 48 SQ. IN., EACH DRESSING	\$34.44
A6209	FOAM DRSG 16 SQ IN WO BDR	\$23.14
A6211	FOAM DRG > 48 SQ IN W/O BRDR	\$50.61
A6213	FOAM DRG >16<=48 SQ IN W/BDR	\$18.76
A6216	GAUZE - NON-STERILE GAUZE 16 SQ IN	\$23.15
A6217	GAUZE - NON-STERILE GAUZE>16 BUT <=48 SQ	\$23.15
A6218	GAUZE - NON-STERILE GAUZE > 48 SQ IN	\$23.15
A6219	GAUZE - STERILE GAUZE 16 SQ IN WBORDER	\$23.15
A6220	GAUZE 16 48 SQ IN WBORDR	\$23.15
A6222	GAUZE 16 IN NO WSAL WO B	\$30.93
A6223	GAUZE >16<=48 no w/sal w/o b	\$23.15
A6224	GAUZE 48 IN NO WSAL WO B	\$30.93
A6228	GAUZE, IMPREGNATED, WATER OR NORMAL SALINE	\$30.93
A6231	GAUZE - KERLIX HYDROGEL DSG<=16 SQ IN	\$115.56
A6250	SKIN SEAL PROTECT MOISTURIZER OINTMENT	\$56.16
A6251	ABSORPT DRG 16 SQ IN WO B	\$13.11
A6257	TRANSPARENT FILM	\$14.36
A6258	TRANSPARENT FILM >16<=48 IN	\$38.91
A6260	WOUND CLEANSER	\$162.64
A6266	IMPREG GAUZE NO H2O/SAL/YARD	\$64.69
A6402	STERILE GAUZE	\$6.81
A6403	Sterile gauze>1648 sq in	\$23.14
A6404	STERILE GAUZE 48 SQ IN	\$9.58
A6407	IODIFORM - PACKING STRIPS/GAUZE , NON-IMPREG	\$47.36
A6410	STERILE EYE PAD OR STRIP	\$9.58
A6412	EYE PATCH, OCCLUSIVE	\$9.13
A6413	ADHESIVE BANDAGE, FIRST-AID	\$8.63

CPT Charge Master Listing Report

Customer is PATIENTS EMERGENCY ROOM, LLC - 467128

CPT Code	CPT Short Description	CPT Default Price
A6441	PADDING BANDAGE NON-ELASTIC	\$18.76
A6442	CONFORM BAND S W 3 5/YD	\$12.89
A6443	CONFORM BAND NS W35 YD	\$6.64
A6445	CONFORM BAND S W 3YD	\$6.64
A6446	CONFORM BAND S W5 YD	\$15.00
A6448	LT COMPRES BAND 3/YD	\$18.76
A6449	ACE WRAP (LT COMPRES BAND	\$19.14
A6450	ACE WRAP - LT COMPRES BAND >=5"/YD	\$28.71
A6452	HIGH COMPRES BAND W35YD	\$8.63
A6453	BANDAGE - SELF-ADHER BAND W 30 YD	\$6.81
A6454	SELF-ADHER BAND W3 5YD	\$15.06
A6455	SELF ADHER BAND 5 YD	\$28.71
A6457	TUBULAR DRESSING	\$67.16
A6545	GRADIENT COMPRESSION WRAP	\$28.71
A7000	CANISTER, DISPOSABLE, USED WITH SUCTION PUMP	\$16.28
A7001	CANISTER, NON-DISPOSABLE, USED WITH SUCTION PUMP, EACH	\$16.28
A7002	SUCTION TUBING USED W PUMP	\$153.44
A7003	NEBULIZER ADMINISTRATION SET	\$92.40
A7006	FILTERED NEBULIZER ADMIN SET	\$92.40
A7011	NONDISPOS CORRUGATED TUBING	\$21.05
A7015	NEBULIZER MASK USED W NEBULIZER	\$92.40
A7016	NEBULIZER DOME & MOUTHPIECE	\$38.26
A7017	NEBULIZER MASK NOT USED W OXYGEN	\$92.40
A7030	CPAP FULL FACE MASK	\$1,452.33
A7034	NASAL APPLICATION DEVICE30	\$38.26
A7520	TRACH/LARYN TUBE NON-CUFFED	\$60.75
A9150	MISC/EXPER NON-PRESCRIPT DRU	\$11.05
A9270	INJECTION ADENOSINE 6 MG	\$106.76
A9273	HOT/COLD H2OBOT/CAP/COL/WRAP	\$21.05
A9579	GAD-BASE MR CONTRAST NOS,1ML	\$25.79
B4082	ENTERAL NG TUBING WO STYLET	\$198.96
C1715	BRACHYTHERAPY NEEDLE	\$11.44
C1751	CATH INF PER CENT MIDLINE	\$150.88
C9285	PATCH, LIDOCAINE/TETRACAINE	\$126.29
E0110	CRUTCH FOREARM	\$91.91
E0114	CRUTCH UNDERARM PAIR NO WOOD	\$95.66
E0116	CRUTCH UNDERARM EACH NO WOOD	\$95.66
E0118	CRUTCH SUBSTITUTE	\$95.66
E0130	WALKER RIGID ADJUSTFIXED HT	\$289.50
E0144	ENCLOSED WALKER W REAR SEAT	\$2,349.58
E0220	HOT WATER BOTTLE	\$57.40
E0230	ICE CAP OR COLLAR	\$18.15
E0275	BED PAN STANDARD	\$19.14

CPT Charge Master Listing Report

Customer is PATIENTS EMERGENCY ROOM, LLC - 467128

CPT Code	CPT Short Description	CPT Default Price
E0325	URINAL MALE JUG-TYPE	\$10.54
E0352	DISPOSABLE PACK W/BOWEL SYST (VAG SPECULUM)	\$289.50
E0445	OXIMETER NON-INVASIVE	\$947.10
E0570	NEBULIZER WITH COMPRESSION	\$1,109.73
E0580	NEBULIZER FOR USE W/ REGULAT	\$478.33
E0617	AUTOMATIC EXT DEFIBRILLATOR	\$121.89
E1637	HEMOSTATS	\$74.95
G0168	DERMABOND - WOUND CLOSURE BY ADHESIVE	\$54.66
G0268	REMOVAL OF IMPACTED WAX MD	\$311.11
G0378	HOSPITAL OBSERVATION PER HR	\$1,600.00
G0404	EKG TRACING FOR INITIAL PREV	\$134.94
G0431	UDS - URINE DRUG SCREEN QUAL 1 DRUG CLASS METH EA DRUG CLASS	\$457.66
G0479	UDS - URINE DRUG SCREEN QUAL 1 DRUG CLASS METH EA DRUG CLASS	\$457.66
G0480	ALCOHOL, ETHYL SERUM OR PLASMA	\$331.00
G6038	SALICYLATE	\$158.40
G6039	ACETAMINOPHEN	\$323.54
G8598	Aspirin or another antithrombotic therapy used	\$9.38
G9019	OSELTAMIVIR PHOSPHATE 75MG	\$22.44
G9035	OSELTAMIVIR PHOSPHATE, ORAL	\$22.44
G9313	DOCRSN NOT FIRST LINE AMOXICILLIN	\$22.44
J0131	ACETAMINOPHEN INJECTION, 10 MG	\$29.35
J0133	ACYCLOVIR INJECTION	\$29.58
J0150	INJECTION ADENOSINE 6 MG	\$96.25
J0152	ADENOSINE INJECTION 12 MG	\$106.76
J0153	INJECTION ADENOSINE 1 MG	\$29.35
J0170	ADRENALIN EPINEPHRINE INJECT UP TO 1 MG	\$13.45
J0171	INJECTION, ADRENALIN, EPINEPHRINE, 0.1 MG	\$15.10
J0282	AMIODARONE HCL 30MG	\$22.44
J0290	AMPICILLIN 500 MG INJ	\$35.20
J0295	AMPICILLIN SODIUM PER 1.5 GM - UNASYN	\$50.50
J0330	SUCCINYCHOLINE CHLORIDE INJ UP TO 20 MG	\$283.18
J0360	HYDRALAZINE HCL INJ UP TO 20MG	\$283.18
J0456	ZITHROMAX - AZITHROMYCIN 500MG	\$132.99
J0461	ATROPINE SULFATE INJECTION 0.01mg	\$6.81
J0500	BENTYL - DICYLOMINE INJECTION 20MG	\$35.20
J0550	BICILLIN - PENICILLIN G BENZATHINE INJ	\$106.76
J0558	PENG BENZATHINE/PROCAINE INJ	\$106.76
J0559	BICILLIN - PENICILLIN G BENZATHINE INJ 2500 UNITS	\$106.76
J0560	PENICILLIN G BENZATHINE INJ	\$81.43
J0561	PENICILLIN G BENZATHINE INJ	\$90.98
J0570	BICILLIN - PENICILLIN G BENZATHINE 1,200,000 UNIT INJ	\$154.69
J0580	PENICILLIN G BENZATHINE INJ	\$95.54
J0595	STADOL (BUTORPHANOL TARTRATE 1 MG)	\$22.96

CPT Charge Master Listing Report

Customer is PATIENTS EMERGENCY ROOM, LLC - 467128

CPT Code	CPT Short Description	CPT Default Price
J0610	INJECTION, CALCIUM GLUCONATE, PER 10 ML	\$237.64
J0641	LEVOLEUCOVORIN INJECTION	\$4.31
J0690	ANCEF - CEFAZOLIN SODIUM INJECTION 500MG	\$34.94
J0692	INJECTION, CEFEPIME HYDROCHLORIDE, 500 MG	\$57.75
J0694	CEFOXITIN SODIUM INJECTION	\$76.06
J0696	ROCEPHIN - CEFTRIAXONE SODIUM up to 250MG	\$217.84
J0698	CEFOTAXIME SODIUM INJECTION	\$43.73
J0704	BETAMETHASONE SOD PHOSP/4 MG	\$25.49
J0706	CAFFEINE CITRATE INJECTION	\$25.49
J0715	CEFTIZOXIME SODIUM 500 MG	\$217.84
J0735	CLONIDINE HYDROCHLORIDE 1 MG	\$12.16
J0744	CIPROFLAXACIN IV	\$234.39
J0780	COMPAZINE - PROCHLORPERAZINE 10MG	\$20.98
J1020	METHYLPREDNISOLONE 20 MG INJ	\$4.46
J1030	SOLU-MEDROL - METHYLPREDNISOLONE 40 MG INJ	\$8.53
J1040	SOLU-MEDROL - METHYLPREDNISOLONE 80 MG INJ	\$17.03
J1094	DECADRON DEXAMETHASONE ACETATE 1MG	\$35.20
J1100	DECADRON - DEXAMETHASONE SODIUM PHOS 1MG	\$35.20
J1110	INJ DIHYDROERGOTAMINE MESYL	\$36.00
J1160	DIGOXIN INJECTION	\$57.75
J1165	PHENYTOIN SODIUM INJECTION	\$66.98
J1170	DILAUDID - HYDROMORPHONE UP TO 4MG	\$66.98
J1200	BENADRYL - DIPHENHYDRAMINE HCL INJECTION 50MG	\$35.20
J1240	ANTIVERT - DIMENHYDRINATE INJECTION 50MG	\$53.95
J1250	INJ DOBUTAMINE HCL 250 MG	\$35.20
J1265	INJECTION, DOPAMINE HCL, 40 MG	\$29.24
J1270	INJECTION, DOXERCALCIFEROL , 1MG	\$35.20
J1335	ERTAPENEM INJECTION	\$32.53
J1450	FLUCONAZOLE INJECTION 200 MG	\$181.11
J1556	INJECTION, IMMUNE GLOBULIN BIVIGAM, 500 MG	\$89.02
J1580	GARAMYCIN GENTAMICIN INJ	\$82.26
J1610	GLUCAGON HYDROCHLORIDE/1 MG	\$111.25
J1630	HALOPERIDOL INJECTION	\$44.55
J1631	HALOPERIDOL DECANOATE INJ	\$145.25
J1642	BOLUS IV LOCK PUSH - INJ HEPARIN SODIUM PER 10 U	\$22.01
J1644	INJ HEPARIN SODIUM PER 1000U	\$574.00
J1650	LOVENOX - INJ ENOXAPARIN SODIUM 10MG	\$52.98
J1670	TETANUS IMMUNE GLOBULIN INJ	\$66.98
J1720	HYDROCORTISONE SODIUM SUCC I	\$35.20
J1744	INJECTION, ICATIBANT 1 MG	\$42.79
J1756	INJECTION, IRON SUCROSE, 1 MG	\$42.79
J1790	DROPERIDOL INJECTION	\$5.21
J1800	INJECTION, PROPRANOLOL HCL, UP TO 1 MG	\$18.76

CPT Charge Master Listing Report

Customer is PATIENTS EMERGENCY ROOM, LLC - 467128

CPT Code	CPT Short Description	CPT Default Price
J1810	Droperidol/fentanyl Inj	\$35.20
J1815	INSULIN INJECTION	\$50.61
J1817	INSULIN FOR INSULIN PUMP USE	\$51.48
J1885	TORADOL,(KETOROLAC TROMETHAMINE) PER 15 MG	\$62.50
J1930	LANREOTIDE INJECTION 1 MG	\$281.86
J1940	LASIX - FUROSEMIDE INJECTION	\$35.20
J1950	LEUPROLIDE ACETATE /3.75 MG	\$4,940.36
J1953	LEVETIRACETAM INJECTION 1mg	\$12.50
J1956	LEVAQUIN - LEVOFLOXACIN INJECTION 250MG	\$196.11
J1980	HYOSCYAMINE SULFATE INJ	\$60.90
J2001	LIDOCAINE	\$50.61
J2020	INJECTION, LINEZOLID 200MG	\$348.03
J2060	ATIVAN - LORAZEPAM INJECTION 2MG	\$162.83
J2150	MANNITOL INJECTION	\$41.80
J2175	MEPERIDINE HYDROCHL /100 MG	\$44.76
J2250	VERSED - INJ MIDAZOLAM HYDROCHLORIDE PER 1MG	\$18.76
J2260	INJ MILRINONE LACTATE / 5 MG	\$23.10
J2270	MORPHINE SULFATE INJECTION UP TO 10MG	\$35.20
J2271	MORPHINE SO4 INJECTION 100MG	\$32.59
J2300	INJ NALBUPHINE HYDROCHLORIDE	\$82.26
J2310	INJ NALOXONE HYDROCHLORIDE	\$47.84
J2315	INJECTION, NALTREXONE, DEPOT FORM, 1 MG	\$22.39
J2360	NORFLEX - ORPHENADRINE UP TO 60MG	\$201.39
J2370	NEO-SYNEPHRINE - PHENYLEPHRINE HCL INJECTION	\$134.24
J2405	ZOFRAN (ONDANSETRON HCL INJECTION 1MG)	\$35.20
J2540	PENICILLIN G POTASSIUM INJ	\$90.98
J2543	ZOSYN - PIPERACILLIN/TAZOBACTAM	\$95.66
J2550	PHENERGAN - PROMETHAZINE HCL INJECTION UP TO 50MG	\$35.20
J2560	PHENOBARBITAL SODIUM INJ	\$35.20
J2650	PRELONE - INJECTION PREDNISOLONE ACETATE UP TO 1 ML	\$9.95
J2690	PROCAINAMIDE HCL INJECTION	\$35.20
J2704	INJ, PROPOFOL, 10 MG	\$58.88
J2730	PRALIDOXINE CHLORIDE	\$35.20
J2760	PHENTOLAMINE MESYLATE INJ	\$57.21
J2765	METOCLOPRAMIDE HCL INJECTION	\$4.31
J2770	QUINUPRISTIN/DALFOPRISTIN	\$267.39
J2780	RANITIDINE HYDROCHLORIDE INJ	\$17.56
J2788	RHO D IMMUNE GLOBULIN 50 MCG	\$66.98
J2790	RHOGAM INJECTION	\$326.80
J2800	METHOCARBAMOL INJECTION	\$34.91
J2805	SINCALIDE INJECTION	\$86.10
J2916	NA FERRIC GLUCONATE COMPLEX INJECTION 12.5MG	\$26.90
J2920	METHYLPREDNISOLONE INJECTION	\$17.03

CPT Charge Master Listing Report

Customer is PATIENTS EMERGENCY ROOM, LLC - 467128

CPT Code	CPT Short Description	CPT Default Price
J2930	SOLU-MEDROL - METHYLPREDNISOLONE UP TO 125MG	\$26.90
J2950	PROMAZINE HCL INJECTION	\$97.10
J2997	Alteplase recombinant	\$160.00
J3010	FENTANYL CITRATE INJECITON 0.1MG	\$4.31
J3030	SUMATRIPTAN SUCCINATE / 6 MG	\$10.54
J3060	INJ, TALIGLUCERACE ALFA 10 U	\$10.54
J3105	TERBUTALINE SULFATE INJ	\$12.18
J3130	TESTOSTERONE ENANTHATE INJ	\$38.26
J3230	CHLORPROMAZINE HCL INJECTION	\$79.81
J3243	TIGECYCLINE INJECTION 1 MG	\$23.28
J3260	TOBRAMYCIN SULFATE INJECTION	\$59.03
J3301	TRIAMCINOLONE ACET INJ NOS	\$28.46
J3320	SPECTINOMYCN DI-HCL INJ	\$143.50
J3360	VALIUM - DIAZEPAM INJECTION UP TO 5 MG	\$17.60
J3370	VANCOMYCIN HCL INJECTION 500MG	\$375.01
J3410	HYDROXYZINE HCL INJECTION	\$35.20
J3411	THIAMINE HCL 100 MG	\$19.14
J3420	VITAMIN B12 INJECTION	\$146.38
J3430	VITAMIN K PHYTONADIONE INJ	\$146.38
J3475	MAGNESIUM SULFATE INJ PER 500MG	\$40.63
J3480	POTASSIUM CHLORIDE INJ - K-DUR	\$4.31
J3486	GEODON - ZIPRASIDONE MESYLATE 10MG	\$57.21
J3490	UNCLASSIFIED DRUGS	\$30.25
J3490 ADEI	ADENOSINE INJECTION 6MG	\$96.25
J3490 ADEN	ADENOSINE INJECTION 12 MG	\$159.63
J3490 ADRE	ADRENALIN TOPICAL	\$42.08
J3490 ADV	ADVATE 563 MG ivp	\$124.38
J3490 AFD	AFRIN NASAL DROPS	\$39.61
J3490 ALC	ALCAINE DROPS	\$38.81
J3490 ALEO	ALCAINE EYE OINTMENT	\$56.81
J3490 AMIN	AMINOCAPROIC ACID	\$50.61
J3490 AMP	AMP 0.5 D50 IV	\$43.71
J3490 ARTD	ARTIFICIAL TEARS DROPS	\$37.44
J3490 ASA	ASA UP TO 325MG TAB	\$12.16
J3490 AST	ANESTHETIC SPRAY TOPICAL	\$75.96
J3490 ATI	ANTIVERT IV	\$45.33
J3490 ATR	ATROPINE OPHTHALMIC DROPS	\$39.20
J3490 AZO	AZITHROMYCIN OPHTHALMIC	\$39.61
J3490 BACS	BACTRIM SUPPOSITORY	\$50.61
J3490 BACT	BACTRIM OINTMENT	\$31.25
J3490 BAZI	BACITRACIN ZINC OINTMENT	\$40.56
J3490 BED	BACITRACIN EAR DROPS	\$39.61
J3490 BENE	BENEDRYL 10ML	\$49.31

CPT Charge Master Listing Report

Customer is PATIENTS EMERGENCY ROOM, LLC - 467128

CPT Code	CPT Short Description	CPT Default Price
J3490 BENS	BENZOCAINE SPRAY	\$47.31
J3490 BES	BENZOIN SOLUTION	\$34.13
J3490 BEZO	BENZOCAINE ORAL ANESTHETIC	\$46.81
J3490 BIC	BICARBONATE IV	\$34.94
J3490 BICO	BICORBONATE IV	\$156.19
J3490 BICS	BICARBONATE SOLUTION	\$34.94
J3490 BISA	BISACODYLE 10MG SUPPOSITORY	\$40.49
J3490 BNO	BACTROBAN OINTMENT	\$31.45
J3490 BPBT	BACITRACINPOLYMYXIN B TOPICAL	\$35.20
J3490 BUP	BUPIVICAINE IV	\$76.59
J3490 BUTO	BUPIVACAINE TOPICAL	\$39.11
J3490 CAD	CARDIZEM 15 MG IV	\$19.00
J3490 CADS	CILOXAN EAR DROPS	\$39.61
J3490 CAIZ	CARDIZEM 100 MG IVP	\$25.44
J3490 CALC	CALCIUM CHLORIDE IV	\$176.06
J3490 CARD	CARDIZEM - DILTIAZEM HYDROCHLORIDE 10 MG	\$11.06
J3490 CARI	CARDIZEM 20 MG IVP	\$21.59
J3490 CCH	CALCIUM CHLORIDE IV	\$283.18
J3490 CDEN	CARDEN 200 MG IV	\$176.24
J3490 CDIZ	CARDIZEM UP TO125 MG IVP	\$26.90
J3490 CED	CIPROFLOXACIN EAR DROPS	\$875.79
J3490 CEPH	CEPHALEXIN IM IV	\$39.09
J3490 CHAR	ACTIVATED CHARCOAL 25G	\$47.84
J3490 CHSR	CHARCOAL WITH SORBITAL	\$87.64
J3490 CIL	CILOXAN EYE DROPS	\$39.61
J3490 CIPR	CIPROFLOXACIN EYE DROPS	\$39.61
J3490 CISP	CITACAINE SPRAY	\$105.19
J3490 CIV	CARDENE	\$76.59
J3490 CIVE	CARDEN 20MG IV	\$102.54
J3490 CODE	TYLENOL W/ CODEINE 1 TSP	\$4.40
J3490 COE	CYCLOPENTOLATE OPHTHALMIC EYE DROPS	\$39.61
J3490 COED	COLACE EAR DROPS	\$36.81
J3490 COMI	CORTISPORIN OPHTHALMIC	\$37.38
J3490 COR	CORTISPORIN EAR DROPS	\$39.61
J3490 CPED	CARBAMIDE PEROXIDE EAR DROPS	\$36.81
J3490 CTD	CETACAINE DROPS	\$39.61
J3490 CTS	CETACAINE SPRAY	\$93.75
J3490 DAV	DAVROCET N - TAB	\$12.16
J3490 DCT	DESTIN CREAM TOPICAL	\$36.69
J3490 DEC	DECADRON EAR DROPS	\$39.61
J3490 DECO	DECONGESTANT SPRAY	\$29.31
J3490 DEDS	DEBROX EAR DROPS	\$39.61
J3490 DEPA	DEPAKOTE IV	\$35.20

CPT Charge Master Listing Report

Customer is PATIENTS EMERGENCY ROOM, LLC - 467128

CPT Code	CPT Short Description	CPT Default Price
J3490 DEX	DEXTROSE IV	\$99.76
J3490 DICO	DICOFENAC EYE DROPS	\$59.20
J3490 DILI	DILTIAZEM 10MG IV	\$12.75
J3490 DILT	DILTIAZEM 15MG IV	\$19.00
J3490 DLTI	DILTIAZEM 60 MG IV	\$64.76
J3490 DON	DONNATOL 10 ML	\$19.90
J3490 DOPA	DOPAMINE BAG	\$57.99
J3490 DOXI	DOXYCYLINE 100MG IV	\$25.48
J3490 DROP	EYE DROPS	\$39.61
J3490 DTIA	DILTIAZEM 20 MG IV	\$21.59
J3490 DULC	DULCOLAX SUPPOSITORY	\$27.94
J3490 DXD	DEXAMETHASONE DROPS	\$39.61
J3490 EED	ERYTHROMYCIN EYE DROPS	\$39.61
J3490 EIVP	ETOMIDATE IVP 4 MG	\$40.03
J3490 EMLA	ELMA CREAM	\$86.48
J3490 EMYC	EMYCIN OPHTHALMIC OINTMENT	\$43.84
J3490 ENAL	ENALAPRILAT IV	\$39.09
J3490 ENES	ENEMA PR	\$52.23
J3490 EPI	EPINEPHRINE EYE DROPS	\$39.61
J3490 EPT	EPINEPHRINE TOPICAL	\$38.14
J3490 ERY	ERYTHROMYCIN EYE OINTMENT	\$34.24
J3490 ESO	EYE STREAM OPHTHALMIC SOLUTION	\$47.05
J3490 ETO	ETOMIDATE IV	\$26.25
J3490 ETOV	ETOMIDATE IVP 8 MG	\$52.63
J3490 FAC	FOLIC ACID 1MG IV	\$34.44
J3490 FAIN	FANTANYL INTRA NASAL	\$50.50
J3490 FENA	FENTANYL 25MG NASAL	\$42.44
J3490 FENL	FENTANYL 50MCG NASAL	\$52.84
J3490 FEOI	FLUORESCEIN EYE OINTMENT	\$34.20
J3490 FEP	FENTYL PATCH	\$126.29
J3490 FET	FENTANYL TOPICAL	\$35.20
J3490 FETA	FENTANYL 35MG NASAL	\$43.84
J3490 FIV	FLUMAZENIL IVP	\$76.59
J3490 FLE	FLEET ENEMA PR	\$52.23
J3490 FLNS	FLUTICASONE NASAL SPRAY	\$84.80
J3490 FLOM	FLOMAX IV	\$123.21
J3490 FLU	FLUORESCEIN STRIP	\$34.13
J3490 FSE	FLOURESCEIN EYE DROPS	\$39.61
J3490 FYE	FLUORESCEIN DYE	\$34.20
J3490 GEN	GENTAMYCIN EYE OINTMENT	\$34.24
J3490 GI	GI COCKTAIL	\$300.00
J3490 GLE	GLYCERIN ENEMA- RECTAL	\$52.23
J3490 GLS	GLYCERIN SUPPOSITORY	\$50.61

CPT Charge Master Listing Report

Customer is PATIENTS EMERGENCY ROOM, LLC - 467128

CPT Code	CPT Short Description	CPT Default Price
J3490 GLYC	GLYCOPYRROLATE IV	\$74.58
J3490 GLYT	GLYCOPYRROLATE 0.1MG IV	\$45.33
J3490 GSR	GLYCERENE SYRUP RECTAL	\$52.23
J3490 HOTA	HURRICANE ORAL TOPICAL ANESTHETIC	\$73.48
J3490 HYTC	HYDROCORTISONE TOPICAL CREAM	\$51.75
J3490 IB	IBUPROFEN UP TO 600 MG(MOTRIN/ADVIL)	\$12.16
J3490 IMI	IMITREX INJECTION 6MG SQ	\$35.20
J3490 IMO	IMODIUM-2MG TAB	\$14.36
J3490 INF	INFUVITE IV	\$12.16
J3490 KATE	KETAMINE 125 MG	\$103.17
J3490 KEMM	KETAMINE 32.5 IVP MG	\$87.67
J3490 KET	KETAMINE IM MG	\$47.84
J3490 KETA	KETAMINE 43MG IV	\$95.68
J3490 KETM	KETAMINE IVP 20 MG	\$63.47
J3490 LAB	LABETALOL UP TO 100 MG	\$9.58
J3490 LABE	LABETALOL IVP 40MG	\$53.80
J3490 LABI	LABETALOL IVP 20MG	\$26.90
J3490 LAS	LASIX 40mg	\$35.20
J3490 LCED	COLACE LIQUID EAR DROPS	\$49.95
J3490 LED	LIDOCAINE EAR DROPS	\$39.61
J3490 LESB	LEVSIN SUBLINGUAL	\$60.90
J3490 LESI	LEVSIN 0.25	\$66.03
J3490 LEV	LEVSIN 0.125 MG IVP	\$45.33
J3490 LEVO	LEVOPHED IV	\$39.09
J3490 LIDI	LIDOCAINE INTRANASAL	\$50.50
J3490 LIDO	VISCOUS XYLOCAINE	\$83.63
J3490 LIOP	LIDOCAINE ORAL SPRAY	\$93.75
J3490 LISI	LISINOPRIL	\$12.16
J3490 LIVS	LIDOCAINE VISCOUS 2	\$48.99
J3490 LLOL	LABETALOL 10MG PO	\$12.75
J3490 LMXT	LMX TOPICAL	\$51.75
J3490 LNP	LIDOCAINE NASAL DROPS	\$42.48
J3490 LNS	LIDOCAINE NASAL SPRAY	\$75.96
J3490 LOP	LOPRESSOR IM IV	\$10.26
J3490 LOR	LORTAB 5MG TAB	\$10.25
J3490 LORA	LORAZEPAM IVP	\$81.43
J3490 LSP	LIDOCAINE SPRAY	\$75.96
J3490 LUF	LUBRI FRESH OINTMENT	\$34.24
J3490 LVSI	LEVSIN 0.125 MG	\$87.25
J3490 LYTE	PEDIALYTE	\$39.61
J3490 MAC	MARCAINE	\$81.43
J3490 MACI	MAGNESIUM CITRATE	\$48.21
J3490 MAL	MAALOX 30 CC	\$12.16

CPT Charge Master Listing Report

Customer is PATIENTS EMERGENCY ROOM, LLC - 467128

CPT Code	CPT Short Description	CPT Default Price
J3490 MAR	MARACAINE INJETION	\$32.59
J3490 MAXI	MAXITROL EYE OINTMENT	\$44.43
J3490 MEC	MECLIZINE 25 MG IV	\$45.33
J3490 MECI	MECLIZINE 25 MG IV	\$90.65
J3490 MEGC	MEG CITRATE 1BOTLE PO	\$34.75
J3490 METB	METFORMIN BUCCAL 500 MG	\$57.75
J3490 METL	METOPROLOL UP TO 5 MG IVP	\$35.71
J3490 MIDA	MIDAZOLAM NASAL SPRAY	\$75.96
J3490 MIOE	MINERAL OIL ENEMA	\$51.85
J3490 MIV	METOPROLOL IV	\$39.09
J3490 MOT	MUPIROCIN OINTMENT TOPICAL	\$56.16
J3490 MOXI	MOXIFLOXACIN TROPICAL	\$21.60
J3490 MTO	METOPROLOL	\$44.64
J3490 MUPI	MUPIROCIN OINTMENT NASAL	\$49.90
J3490 NAS	NASAL DROPS	\$421.44
J3490 NASS	NASAL SPRAY	\$42.44
J3490 NEBL	NEBULIZED LIDOCAINE	\$43.69
J3490 NEDR	NEOMYCIN EYE DROPS	\$39.61
J3490 NEEA	HYDROCOTISONE EAR DROPS	\$37.49
J3490 NEOO	NEOSPORIN OPHTHALMIC OINTMENT	\$34.20
J3490 NEOS	NEO SYNEPHRINE NASAL DROPS	\$50.45
J3490 NEX	NEXIUM IV	\$99.76
J3490 NICA	NICARDIPINE IV	\$76.59
J3490 NIOX	NITROUS OXIDE	\$93.71
J3490 NIP	NICOTINE PATCH	\$126.29
J3490 NISU	NITROGLYCERIN SUBLINGUAL	\$14.36
J3490 NIT	SILVER NITRATE STICKS EACH	\$66.03
J3490 NITR	NITRO STAT- NITROGLYCERIN	\$13.14
J3490 NIV	NOREPINEPHRINE IV	\$45.33
J3490 NOO	NEOMYCIN OPHTHALMIC OINTMENT	\$34.24
J3490 NOR	NORCO 5/325 MG (Hydrocodone Bitartrate and Acetaminophen)	\$45.33
J3490 NPH	NEOMYCIN POLYMYXIN HC EAR DROPS	\$39.61
J3490 NPT	NITRO PASTE TOPICAL	\$75.96
J3490 NSN	NEO SYNEPHRINE NASAL SPRAY	\$75.96
J3490 NTDR	NITROGLYCERIN DRIP	\$99.76
J3490 NTS	NYSTATIN TOPICAL SOLUTION	\$42.08
J3490 OFI	OFIRMEV 1000 mg	\$87.25
J3490 OXYM	OXYMETHOLONE NASAL SPRAY	\$75.96
J3490 PAT	LIDOCAINE (lidoderm) PATCH	\$126.29
J3490 PBE	POLYMYXIN B EYE DROPS	\$39.61
J3490 PEDN	PREDNISONE EYE DROPS	\$86.80
J3490 PHEN	PHENERGAN SUPPOSITORIES	\$50.61
J3490 PLTM	POLYTRIM EYE DROPS	\$28.84

CPT Charge Master Listing Report

Customer is PATIENTS EMERGENCY ROOM, LLC - 467128

CPT Code	CPT Short Description	CPT Default Price
J3490 POD	POLYMYXIN OPHTHALMIC DROPS	\$39.61
J3490 POLV	PROPOFOL IVP	\$99.98
J3490 PPOS	PREDNISOLONE SODIUM PHOSPHATE DROPS	\$62.49
J3490 PRED	PREFORTE EYE DROPS	\$39.61
J3490 PRES	PREPARATION H RECTAL SUPPOSITORY	\$50.61
J3490 PRO	PROPOFOL 10MG	\$59.90
J3490 PROC	PROCAINE INJECTION	\$97.10
J3490 PROP	PROPOFOL IVP 5ML	\$131.28
J3490 RA	RACONIC 0.5ML	\$13.11
J3490 RCRO	ROCORONIUM IVP 66MG	\$54.53
J3490 REPI	RACEMIC EPINEPHRINE	\$19.14
J3490 RIV	ROBINUL IVP	\$76.59
J3490 ROC	ROCURONIUM UP TO 10MG	\$28.86
J3490 ROCU	ROCRONIUM 50 MG	\$49.99
J3490 ROMI	ROMAZICON IV	\$123.21
J3490 SCOP	SCOPOLAMINE TRANSDERMAL	\$67.13
J3490 SCPT	SCOPOLAMINE PATCH	\$82.14
J3490 SENS	SENSORCAINE 0.25 IV	\$76.59
J3490 SIC	SILVADENE CREAM	\$34.98
J3490 SOB	SODIUM BICARBONATE IV	\$156.19
J3490 SOSP	SOAP SUSPENSION ENEMA	\$51.54
J3490 SPRA	SPRAY - HURRICANE SPRAY	\$232.19
J3490 SUCC	SUCCINYLCHOLINE 100MG IVP	\$99.98
J3490 SULF	SULFACETAMIDE EYE DROPS	\$39.61
J3490 TACT	TRANEXAMIC ACID TOPICAL	\$50.61
J3490 TAO	TRIPLE ANTIBIOTIC OINTMENT	\$26.25
J3490 TED	TETRAMYCIN EYE DROPS	\$39.61
J3490 TEDR	TETRACAINE EAR DROPS	\$36.61
J3490 TEOI	TETRACAINE EYE OINTMENT	\$34.20
J3490 TET	TETRACAINE - PONTOCAINE 1% 2ML IM\IV	\$92.40
J3490 TIOS	TIMOLOL OPHTHALMIC SOLUTION	\$53.68
J3490 TOBR	TOBEX EYE DROPS	\$39.61
J3490 TOI	TOBRAMYCIN OINTMENT	\$44.38
J3490 TOO	TOBROMYCIN OPHTHALMIC EYES DROPS	\$39.61
J3490 TOP	LIDOCAINE TOPICAL	\$38.74
J3490 TOPA	TOPICAL ANESTHESIA	\$157.36
J3490 TOS	TRANEXAMIC OTIC SOLUTION	\$47.09
J3490 TRAE	TRANEXAMIC ACID 1000mg IV	\$124.38
J3490 TRAM	TRAMADOL IV	\$45.89
J3490 TRAN	TRANEXAMIC ACID	\$12.16
J3490 TRIF	TRIFLURIDINE OPHTHALMIC	\$39.51
J3490 TRIM	TRIMETHOPRIN EYE DROPS	\$39.61
J3490 TSU	TYLENOL SUPPOSITORY RECTAL	\$50.61

CPT Charge Master Listing Report

Customer is PATIENTS EMERGENCY ROOM, LLC - 467128

CPT Code	CPT Short Description	CPT Default Price
J3490 TTO	TETRACAINE EYES DROPS	\$39.61
J3490 TTT	TETRACAINE TOPICAL	\$38.74
J3490 TYIV	TYLENOL 1GM IV	\$60.14
J3490 TYL	TYLENOL 450MG	\$114.80
J3490 TYL2	TYLENOL 400 MG	\$105.24
J3490 TYL3	TYLENOL 1000MG	\$210.46
J3490 TYL4	TYLENOL 500MG	\$124.38
J3490 TYL5	TYLENOL UP TO 200 MG	\$52.63
J3490 TYL6	TYLENOL 300 MG	\$57.40
J3490 VAIV	VASOTEC IV	\$124.38
J3490 VALA	VALPROIC ACID IV	\$124.38
J3490 VASO	VASOPRESSOR IV	\$26.90
J3490 VATC	VASOTEC IV	\$93.95
J3490 VENO	VENOFER IVP	\$42.79
J3490 VER	VERAPAMIL 5MG IVP	\$45.89
J3490 VERI	VERSED IVP	\$18.76
J3490 VIC	VICODIN	\$19.14
J3490 VILR	VISCOUS LIDOCAINE RECTAL	\$87.44
J3490 VIN	VERSED INTRANASAL	\$18.76
J3490 VIT	MULTIVITAMIN INJ	\$12.16
J3490 VLG	VISCOUS LIDOCAINE 5ML GARGLE	\$10.48
J3490 ZYV	ZYVOX TAB 600MG	\$1,181.00
J3490AFRIN	AFRIN NASAL SPRAY	\$75.96
J3490CARD	CARDIZEM 25 MG IVP	\$22.98
J3490DAV	J3490DAV	\$10.48
J3490ERYTH	ERYTHROMYCIN 500MG/IV	\$123.21
J3490KDUR	K-DUR PER 2MEQ PO	\$4.31
J3490MOTRI	MOTRIN UP TO 600MG	\$12.16
J3490PRO	PROPARACAINE	\$28.71
J3490TYL	J3490TYL	\$10.48
J3490TYL C	TYLENOL W/ CODIENE	\$57.40
J3490ZITHR	ZITHROMAX 500MG	\$113.85
J4390LIDOC	LIDOCAINE 10ML ORAL PO	\$10.48
J7030	NORMAL SALINE SOLUTION INFUS 1000CC	\$87.25
J7040	NORMAL SALINE SOLUTION INFUS - 500 ML=1 UNIT	\$43.63
J7042	5% DEXTROSE/NORMAL SALINE	\$43.63
J7050	NORMAL SALINE SOLUTION INFUS 250cc	\$42.83
J7060	5% DEXTROSE/WATER (500 ML = 1 UNIT)	\$43.34
J7070	D5W INFUSION	\$114.80
J7110	DEXTRAN 75 INFUSION	\$210.35
J7120	RINGERS LACTATE INFUSION	\$148.48
J7130	HYPERTONIC SALINE SOLUTION	\$124.38
J7460	HYPERTONIC SALINE SOLUTION	\$42.08

CPT Charge Master Listing Report

Customer is PATIENTS EMERGENCY ROOM, LLC - 467128

CPT Code	CPT Short Description	CPT Default Price
J7509	METHYLPREDNISOLONE ORAL, PER 4 MG	\$12.16
J7510	PRELONE - ORAL PREDNISOLONE PER 5 MG	\$12.16
J7510 O	ORAPRED - ORAL PREDNISOLONE PER 5 MG	\$12.16
J7512	PREDNISON ORAL	\$12.16
J7605	ARFORMOTEROL NON-COMP UNIT	\$19.96
J7607	LEVALBUTEROL COMP CON	\$30.80
J7608	ACETYLCYSTEINE NON-COMP UNIT	\$23.31
J7609	ALBUTEROL COMP UNIT	\$239.18
J7610	ALBUTEROL COMP CON	\$23.15
J7611	ALBUTEROL NON-COMP CON	\$23.15
J7612	LEVALBUTEROL NON-COMP CON	\$23.35
J7613	ALBUTEROL NON-COMP UNIT	\$23.15
J7614	XOPENEX - LEVALBUTEROL NON-COMP UNIT	\$30.80
J7615	LEVALBUTEROL COMP UNIT	\$30.80
J7620	ALBUTEROL IPRATROP NON-COMP	\$23.15
J7626	Budesonide non comp unit	\$44.14
J7637	DEXAMETHASONE COMP CON	\$43.93
J7638	DEXAMETHASONE COMP UNIT	\$43.93
J7640	FORMOTEROL, INHALATION SOLUTION, COMPOUNDED PRODUCT, ADMINIS...	\$43.69
J7643	GLYCOPYRROLATE COMP UNIT	\$74.58
J7644	ATROVENT 0.5 (IPRATROPIUM BROMIDE) NON-COMP	\$49.99
J7699	INHALATION SOLUTION FOR DME	\$13.45
J8498	ENEMA - SUPPOSITORY, ANTIEMETIC RECTAL/SUPP NOS	\$50.61
J8499	ORAL PRESCRIP DRUG NON CHEMO	\$200.00
J8499 XOF	XOFLUZA	\$200.00
J8540	ORAL DEXAMETHASON 0.25 mg	\$31.11
J9027	CLOFARALINE INJECTION	\$229.60
L0120	CERV FLEXIBLE NON-ADJUSTABLE	\$526.16
L0150	CERV SEMI-RIG ADJ MOLDED CHN	\$895.31
L0170	CERVICAL COLLAR MOLDED	\$723.63
L0172	CERV COL THERMPLAS FOAM 2 PI	\$66.98
L0978	AXILLARY CRUTCH EXTENSION	\$1,633.59
L1810	KNEE ORTHOSIS KO, ELASTIC WITH JOINTS, PREFABRICATED ITEM TH...	\$150.00
L1812	Ko elastic w/joints pre ots	\$147.34
L1820	KNEE ORTHOSIS, ELASTIC WITH CONDYLAR PADS AND JOINTS	\$39.85
L1830	Knee - KO IMMOBILIZER CANVAS LONGIT	\$39.85
L1902	ANKLE FOOT ORTHOSIS	\$734.65
L1906	AFO MULTILIGAMENTUS ANKLE SU	\$217.84
L1930	ANKLE FOOT ORTHOSIS, PLASTIC OR OTHER MATERIAL, PREFABRICATE...	\$2,253.74
L3215	ORTHOPEDIC FTWEAR LADIES OXF	\$214.19
L3216	ORTHOPED LADIES SHOES DPTH	\$214.19
L3219	ORTHOPEDIC FOOTWEAR, MENS SHOE, OXFORD, EACH	\$66.00
L3250	CUSTOM MOLD SHOE REMOV PROST	\$143.50

CPT Charge Master Listing Report

Customer is PATIENTS EMERGENCY ROOM, LLC - 467128

CPT Code	CPT Short Description	CPT Default Price
L3260	SURGICAL SHOE/BOOT EACH	\$143.50
L3580	ORTHOPEDIC SHOE ADDITION, CONVERT INSTEP TO VELCRO CLOSURE	\$481.34
L3649	ORTHOPEDIC SHOE MODIFICA	\$625.00
L3650	SHLDER FIG 8 ABDUCT RESTRAIN	\$411.38
L3660	SHOULDER ORTHOSIS, FIGURE OF EIGHT DESIGN ABDUCTION RESTRAIN...	\$431.20
L3670	ACROMIO/CLAVICULAR CANVAS&WE	\$536.25
L3671	SO CAP DESIGN WO JNTS CF	\$536.25
L3807	WHFO,NO JOINT, PREFABRICATED	\$1,688.86
L3808	WRIST HAND FINGER ORTHOSIS	\$274.55
L3809	WRIST HAND FINGER ORTHOSIS WHFO, WITHOUT JOINTS	\$173.49
L3906	WRIST HAND ORTHOSIS, WITHOUT JOINTS, MAY INCLUDE SOFT INTERF...	\$2,668.93
L3908	WRIST COCK-UP NON-MOLDED	\$143.50
L3919	HO W/O JOINTS CF	\$1,851.05
L3923	HFO W/O JOINTS PF	\$587.53
L3924	HFO WITHOUT JOINTS PRE OTS	\$711.81
L3999	UPPER LIMB ORTHOSIS NOS	\$287.00
L4350	ANKLE CONTROL ORTHOSI PREFAB	\$634.55
L4360	PNEUMATI WALKING BOOT PREFAB	\$1,376.49
L4361	PNEUMAVAC WALK BOOT PRE OTS	\$1,380.24
L4380	PNEUMATIC KNEE SPLINT	\$205.69
L4386	NON-PNEUM WALK BOOT PREFAB	\$1,380.75
L4396	STATIC OR DYNAMI AFO PRE CAST	\$239.44
L4631	AFO, WALK BOOT TYPE, CUS FAB	\$1,922.64
P7001	CULTURE BACTERIAL URINE	\$295.64
P9612	CATHETERIZE FOR URINE SPEC	\$440.00
P9615	CATHETERIZATION FOR COLLECTION OF SPECIMEN (S) (MULTIPLE PAT...	\$156.25
Q0091	OBTAINING SCREEN PAP SMEAR	\$406.25
Q0111	WET MOUNTS/ W PREPARATIONS	\$387.50
Q0114	FERN TEST	\$49.80
Q0144	ZITHROMAX AZITHROMYCIN DIHYDRATE, ORAL UP TO 1 GRAM	\$331.25
Q0162	ONDANSETRON ORAL	\$81.54
Q0163	DIPHENHYDRAMINE HCL 50MG	\$36.73
Q0169	PROMETHAZINE HCL 12.5MG ORAL	\$25.16
Q0170	PROMETHAZINE HCL 25 MG ORAL	\$44.64
Q0177	HYDROXYZINE PAMOATE 25MG	\$44.64
Q0179	ONDANSETRON HCL 8 MG ORAL	\$90.01
Q2009	Injection, fosphenytoin, 50 mg phenytoin equivalent	\$36.73
Q4005	CAST SUP LONG ARM ADULT PLST	\$306.28
Q4006	CAST SUP LONG ARM ADULT FBRG	\$431.25
Q4008	CAST SUP LONG ARM PED FBRGLS	\$407.50
Q4010	CAST SUP SHT ARM ADULT FBRGL	\$460.35
Q4012	CAST SUP SHT ARM PED FBRGLAS	\$210.35
Q4017	CAST SUPPLIES, LONG ARM SPLINT, ADULT (11 YEARS +), PLASTER	\$854.70

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Customer is PATIENTS EMERGENCY ROOM, LLC - 467128

CPT Code	CPT Short Description	CPT Default Price
Q4018	CAST SUP LNG ARM SPLINT FBRG	\$1,584.23
Q4020	CAST SUP LNG ARM SPLNT PED F	\$858.00
Q4021	Cast sup sht arm splint plst	\$205.28
Q4022	CAST SUP SHT ARM SPLINT FBRG	\$1,320.19
Q4024	CAST SUP SHT ARM SPLNT PED F	\$790.35
Q4025	CAST SUP HIP SPICA PLASTER	\$1,018.88
Q4037	CAST SUP SHRT LEG PLASTER	\$196.35
Q4038	CAST SUP SHRT LEG FIBERGLASS	\$572.55
Q4042	CAST SUP LNG LEG SPLNT FBRGL	\$706.25
Q4045	CAST SUPPLIES, SHORT LEG SPLINT, ADULT (11 YEARS +), PLASTER	\$281.25
Q4046	CAST SUP SHT LEG SPLNT FBRGL	\$407.06
Q4048	CAST SUP SHT LEG SPLNT PED F	\$431.25
Q4049	FINGER SPLINT, STATIC	\$338.66
Q4051	SPLINT SUPPLIES MISC	\$205.69
Q9954	ORAL MR CONTRAST, 100 ML	\$681.06
Q9958	HOCM 149 MGML IODINE, 1ML	\$681.06
Q9963	HOCM 350-399MG/ML IODINE,1ML	\$31.60
Q9965	LOCM 100-199MG/ML IODINE,1ML	\$12.18
Q9966	LOCM 200-299MG/ML IODINE,1ML	\$34.44
Q9967	OMNIPAQUE - LOCM 300-399MG/ML IODINE,1ML	\$12.18
S0012	BUTORPHANOL TARTRATE, NASAL	\$122.79
S0020	INJECTION, BUPIVICAINE HYDRO	\$76.59
S0028	PEPCID - INJECTION, FAMOTIDINE, 20 MG	\$115.56
S0030	FLAGYL 500MG	\$309.19
S0039	INJECTION, SULFAMETHOXAZOLE	\$67.24
S0074	INJECTION, CEFOTETAN DISODIU	\$90.75
S0077	CLEOCIN - CLINDAMYCIN PHOSP 300MG	\$52.30
S0081	INJECTION, PIPERACILLIN SODI	\$220.50
S0092	HYDROMORPHONE 250 MG	\$66.41
S0119	ONDANSETRON 4 MG	\$4.31
S0164	PROTONIX - PANTROPRAZOLE 40MG	\$316.85
S0181	ONDANSETRON 4 MG	\$12.16
S0183	PROCHLORPERAZINE 5 MG	\$19.91
S0187	TAMOXIFEN CITRATE, ORAL, 10 MG	\$19.91
S0630	REMOVAL OF SUTURES	\$105.24
S1015	IV TUBING EXTENSION SET	\$97.69
S3650	SALIVA TEST, HORMONE LEVEL; DURING MENOPAUSE	\$62.76
S5000	PRESCRIPTION DRUG, GENERIC	\$4.31
S5001	PRESCRIPTION DRUG, BRAND NAME	\$12.16
S5010	STERILE SALINE - 5% DEXTROSE AND 0.45% SALINE	\$380.09
S5011	5% DEXTROSE IN LACTATED RING	\$4.31
S5012	DEXTROSE WITH POTASSIUM CHLORIDE 1000 ML	\$130.09
S5013	5%D EXTROSE0.45% SALINE1 000ML	\$130.09

CPT Charge Master Listing Report

Customer is PATIENTS EMERGENCY ROOM, LLC - 467128

CPT Code	CPT Short Description	CPT Default Price
S5550	INSULIN RAPID 5 U	\$43.25
S5551	INSULIN MOST RAPID 5 U	\$43.25
S8037	MRCP - Magnetic resonance cholangiopancreatography	\$2,104.64
S8100	SPACER WITHOUT MASK	\$86.10
S8101	MASK - NEBULIZER MASK - SPACER WITH MASK	\$95.66
S8120	O2 CONTENTS GAS CUBIC FT	\$13.60
S8430	PADDING FOR COMPRESSION BANDAGE, ROLL	\$28.00
S8450	SPLINT DIGIT	\$137.78
S8451	SPLINT WRIST OR ANKLE	\$195.15
S8490	100 insulin syringes	\$67.31
U0002	COVID 19 LAB TEST NON CDC	\$200.00
V2797	VISION SUPPLY, ACCESSORY AND/OR SERVICE COMPONENT OF ANOTHER...	\$55.35
V5265	EAR MOLD/INSERT, DISPOSABLE, ANY TYPE	\$150.94
V5267	Hearing aid sup/access/dev	\$10.48