

Allegan General Hospital - Average Patient Pricing

CPT Code	Surgical Procedures	Price	Self Pay Discount Price	Self Pay Discount Price if Paid Within 10 Days
29880 to 29883	Arthroscopy knee with Meniscectomy	\$ 9,197.00	\$ 7,357.60	\$ 5,518.20
29827	Arthroscopy of shoulder with RC Repair	\$ 22,856.00	\$ 18,284.80	\$ 13,713.60
27447	Arthroscopy Total Knee	\$ 45,345.00	\$ 36,276.00	\$ 27,207.00
45378	Colonoscopy	\$ 2,825.00	\$ 2,260.00	\$ 1,695.00
45379 to 45385	Colonoscopy w/biopsy or polypectomy	\$ 3,406.00	\$ 2,724.80	\$ 2,043.60
43235	EGD Esophagogastroduodenoscopy	\$ 2,472.00	\$ 1,977.60	\$ 1,483.20
43239	EGD with Biopsy	\$ 4,192.00	\$ 3,353.60	\$ 2,515.20
91035	EGD with Bravo	\$ 2,472.00	\$ 1,977.60	\$ 1,483.20
43245	EGD with dilatation	\$ 4,969.00	\$ 3,975.20	\$ 2,981.40
91010	Esophageal Manometry w/Impedence	\$ 1,376.00	\$ 1,100.80	\$ 825.60
64490	Facet Injection Lumbar	\$ 2,567.00	\$ 2,053.60	\$ 1,540.20
47562	Laparoscopic Cholecystectomy	\$ 17,373.00	\$ 13,898.40	\$ 10,423.80
42820	Tonsillectomy and Adenoidectomy	\$ 7,441.00	\$ 5,952.80	\$ 4,464.60
62311	Trans laminar injection Lumbar Spine	\$ 1,857.00	\$ 1,485.60	\$ 1,114.20
CPT Code	Laboratory Procedures	Price	Self Pay Discount Price	Self Pay Discount Price if Paid Within 10 Days
36415	Draw Fee for each days services (Venipunctur	\$ 15.40	\$ 12.32	\$ 9.24
84460	ALT	\$ 30.25	\$ 24.20	\$ 18.15
84450	AST	\$ 35.80	\$ 28.64	\$ 21.48
80048	Basic Metabolic Panel (BMP)	\$ 54.85	\$ 43.88	\$ 32.91
84520	BUN	\$ 30.25	\$ 24.20	\$ 18.15
85025	CBC Diff w/platelets	\$ 54.85	\$ 43.88	\$ 32.91
85025	CBC manual Diff	\$ 72.35	\$ 57.88	\$ 43.41
80053	Comprehensive Metabolic Panel (CMP)	\$ 71.30	\$ 57.04	\$ 42.78
82565	Creatinine	\$ 30.25	\$ 24.20	\$ 18.15
80051	Electrolyte Panel	\$ 46.10	\$ 36.88	\$ 27.66
82728	Ferritin	\$ 42.05	\$ 33.64	\$ 25.23
82746	Folate (folic acid)	\$ 51.35	\$ 41.08	\$ 30.81
84439	Free T4	\$ 83.20	\$ 66.56	\$ 49.92
82947	Glucose	\$ 35.80	\$ 28.64	\$ 21.48

Please Note: these prices are averages and may vary depending on complexity of the service.

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CPT Code	Laboratory Procedures Continued	Price	Self Pay Discount Price	Self Pay Discount Price if Paid Within 10 Days
83036	Glycohemoglobin	\$ 47.20	\$ 37.76	\$ 28.32
80076	Hepatic Function Panel	\$ 77.60	\$ 62.08	\$ 46.56
80074	Hepatitis Panel	\$ 177.35	\$ 141.88	\$ 106.41
83540	Iron	\$ 21.10	\$ 16.88	\$ 12.66
83550	Iron binding (TIBC)	\$ 50.20	\$ 40.16	\$ 30.12
80061	Lipid Panel	\$ 93.45	\$ 74.76	\$ 56.07
83735	Magnesium	\$ 32.90	\$ 26.32	\$ 19.74
85610	Protime	\$ 30.45	\$ 24.36	\$ 18.27
80069	Renal Function Panel	\$ 63.05	\$ 50.44	\$ 37.83
84443	TSH	\$ 93.45	\$ 74.76	\$ 56.07
81003	Urinalysis	\$ 16.10	\$ 12.88	\$ 9.66
81001	Urinalysis with Micro	\$ 32.70	\$ 26.16	\$ 19.62
82607	Vitamin B12	\$ 42.05	\$ 33.64	\$ 25.23

CPT Code	Radiology Procedures	Price	Self Pay Discount Price	Self Pay Discount Price if Paid Within 10 Days
74022	Abdomen Acute plus PA Chest	\$ 230.45	\$ 184.36	\$ 138.27
74020	Abdomen Multiple Views	\$ 146.10	\$ 116.88	\$ 87.66
77080	Bone Density	\$ 380.35	\$ 304.28	\$ 228.21
76645	Breast Us unilat	\$ 397.80	\$ 318.24	\$ 238.68
72050	Cervical Spine with Obls	\$ 405.70	\$ 324.56	\$ 243.42
71010	Chest Single View	\$ 155.90	\$ 124.72	\$ 93.54
74177	CT Abdomen/Pelvis w/Contrast *	\$ 3,187.25	\$ 2,549.80	\$ 1,912.35
74176	CT Abdomen/Pelvis w/o Contrast	\$ 2,393.05	\$ 1,914.44	\$ 1,435.83
72125	CT Cervical Spine w/o contrast	\$ 1,018.25	\$ 814.60	\$ 610.95
70450	CT Head w/o Contrast	\$ 1,031.15	\$ 824.92	\$ 618.69
71260	CT Thorax w Contrast *	\$ 1,200.00	\$ 960.00	\$ 720.00
G0206	diagnostic mammo add views	\$ 309.40	\$ 247.52	\$ 185.64
93306	Echocardiogram	\$ 1,363.75	\$ 1,091.00	\$ 818.25
73630	Foot Min 3 Views	\$ 211.40	\$ 169.12	\$ 126.84
73564	Knee 4 view	\$ 317.50	\$ 254.00	\$ 190.50
72110	Lumbosacral Spine w/ Obls	\$ 378.20	\$ 302.56	\$ 226.92
G0202	Mammogram Bilateral Screen	\$ 325.20	\$ 260.16	\$ 195.12

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CPT Code	Radiology Procedures Continued	Price	Self Pay Discount Price	Self Pay Discount Price if Paid Within 10 Days
72148	MRI Limbar Spine w/o	\$ 2,130.60	\$ 1,704.48	\$ 1,278.36
78452	Multiple Spect Myocardial Perfusion	\$ 4,721.70	\$ 3,777.36	\$ 2,833.02
71020	PA and Lateral Chest Xray	\$ 172.95	\$ 138.36	\$ 103.77
72170	Pelvis	\$ 106.90	\$ 85.52	\$ 64.14
73030	Shoulder	\$ 244.00	\$ 195.20	\$ 146.40
G0202	unilat mammo screening	\$ 325.20	\$ 260.16	\$ 195.12
76705	US Abd Limited	\$ 541.60	\$ 433.28	\$ 324.96
76856	US Pelvis	\$ 586.55	\$ 469.24	\$ 351.93
76830	US Transvaginal	\$ 498.85	\$ 399.08	\$ 299.31

Additional Charge to Radiology Procedure

* Contrast per ml	\$	2.30	\$	1.84	\$	1.47
Contrast charge depends on patients weight could charge a quantity of 1ml up to 150ml						

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