

Price of Services



The cash prices provided in our Price Transparency guide are for non-insured patients only. They only represent hospital fees, and do not include physician interpretation fees, physician fees, or anesthesia fees, which would be billed separately if required. **FOR QUESTIONS REGARDING OUR PRICE TRANSPARENCY, PLEASE CALL OUR PRICE TRANSPARENCY HOTLINE AT 412-777-6171.**

Your insurance provider will be able to give you more information on the Price of Services under your personal plan.

Lab Tests	CPT CODE	SELF PAY PRICE	Pre-Scheduled Radiology Exams	CPT CODE	SELF PAY PRICE
BASIC METABOLIC PANEL (CHEM 7)	80048	\$23.00	MAMMOGRAM SCREEN, W/CAD	77067	\$69.00
B.U.N.	84520	\$11.00	MAMMOGRAM, DIAG UNILATERAL	77065	\$69.00
CBC, AUTO WITH AUTO DIFF	85025	\$22.00	ULTRASOUND BREAST COMPLETE	76641	\$50.00
CHOLESTEROL SERUM TOTAL	82465	\$12.00	CAROTID DUPLEX	93880	\$143.00
COMPREHENSIVE METABOLIC PANEL	80053	\$30.00	ECHO, ABDOMINAL COMPLETE	76700	\$101.00
C.P.K.	82550	\$19.00	ABDOMEN LTD/ SINGLE ORGAN	76705	\$101.00
CREATININE BLD	82565	\$13.00	ECHO RETROPERITONEAL COMPLETE	76770	\$101.00
LIPID PROFILE	80061	\$36.00	DOPPLER VENOUS LOWER BILAT-COM	93970	\$143.00
T4 FREE	84439	\$24.00	DOPPLER VENOUS LOWR UNILAT-LTD	93971	\$101.00
GLUCOSE	82947	\$11.00	CT SCAN HEAD UNENHANCED	70450	\$95.00
GLYCO-HBG (A1C)	83036	\$27.00	CT ABDOMEN/PELVIS UNENHANCED	74176	\$276.00
HEMOGLOBIN	85018	\$7.00	CT ABDOMEN/PELVIS ENHANCED	74177	\$405.00
HEMATOCRIT	85014	\$7.00	MRI-LUMBAR SPINE UNENHANCED	72148	\$221.00
MAGNESIUM	83735	\$19.00	MRI CERVICAL SP W&W/O CONTRAST	72156	\$370.00
PROTIME	85610	\$12.00	MRI BRAIN W&W/O CONTRAST	70553	\$370.00
PROSTATIC SPECIFIC ANTIGEN	84153	\$51.00	MRI-LOW EXT JNT W/O CONTRAST	73721	\$221.00
SED. RATE NON AUTO	85651	\$10.00			
T.S.H.	84443	\$46.00			
URINALYSIS, R&M	81001	\$8.00			
URINE CULTURE	87086	\$23.00			
VITAMIN B12 LEVEL	82607	\$42.00			
VITAMIN D 25-HYDROXY	82306	\$82.00			

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Radiology Exams	CPT CODE	SELF PAY PRICE	Vaccines	CPT CODE	SELF PAY PRICE
ABD MULT VIEWS	74020	\$43.00	RABIES VACCINE 2.5 UNITS		\$270.00
X-RAY ANKLE MIN 3 VWS	73610	\$43.00	FLU		\$33.00
X-RAY HUMERUS MIN 2 VWS	73060	\$43.00	HEPATITIS A VACCINE		\$90.00
FOREARM 2 VIEWS	73090	\$43.00	HEPATITIS A & B		\$113.00
DXA BONE DENSITY, AXIAL	77080	\$68.00	MENINGOCOCCAL		\$135.00
X-RAY CHEST LAT DECOB	71035	\$43.00	PNEUMOCOCCAL 5.5 ML		\$99.00
X-RAY B-READ	71010	\$43.00	TYPHOID		\$102.00
X-RAY CLAVICLE	73000	\$43.00	PNEUMOCOCCAL 13		\$180.00
ELBOW 2 VIEWS	73070	\$43.00	DIPHT/PERTUSS/TET		\$65.00
X-RAY ELBOW-OBL	73080	\$43.00	SHINGLES		\$210.00
X-RAY FACIAL BONES MIN 3 VIEWS	70150	\$68.00			
FEMUR 2 VIEWS	73550	\$43.00			
X-RAY FOOT MIN 3 VWS	73630	\$43.00			
X-RAY HAND MIN 3 VWS	73130	\$43.00			
HIP- 2 VIEWS	73510	\$43.00			
KNEE, 3 VIEWS	73562	\$43.00			
X-RAY LEG MIN 2 VWS	73590	\$43.00			