

Summit Healthcare  
Show Low, Arizona

Code	Description	Number of Cases	Average Billed Charge Per Visit	Average Discounted Price for Uninsured Patients
<b>Inpatient MS-DRG's (10 months 2012)</b>				See Page 2
775 & 795	Vaginal Delivery & Normal Newborn	1078	\$ 4,568.97	
766 & 795	Cesarean Delivery & Normal Newborn	709	\$ 4,191.64	
470	Major Joint Replacement	154	\$ 55,191.64	
194	Pneumonia and Pleurisy	58	\$ 20,316.70	
292	Heart Failure & Shock	27	\$ 25,714.65	
191	Chronic Obstructive Pulmonary Disease	15	\$ 27,824.77	
690	Kidney/Urinary Tract Infection	24	\$ 18,655.20	
481	Hip and Femur Procedures	18	\$ 39,501.42	
419	Gall Bladder Removal	13	\$ 30,831.58	
343	Appendectomy- Minor	5	\$ 16,648.25	
<b>Outpatient CPT (12 months 2011)</b>			Visit	See Page 2
69436	Ear Tubes (Myringotomy)	10	\$ 3,818.61	
42825	Tonsillectomy, under age 12	insufficient data		
45380	Colonoscopy with Biopsy	424	\$ 4,880.89	
66984	Cataract Removal	62	\$ 3,886.44	
47562	Gall Bladder Removal-Total	183	\$ 15,330.99	
64721	Carpal Tunnel Release	11	\$ 5,919.51	
Code	Description	Number of Cases	Average Billed Charge Per Procedure	Average Discounted Price for Uninsured Patients
93458	Heart Catheter	254	\$ 13,862.70	See Page 2
99283	Emergency Department Visit - Level 3 (mid-level)	7125	\$ 615.96	
99203/99213	Urgent Care Visit - Level 3 (mid-level)	5	\$ 1,388.00	
97001	Physical Therapy Evaluation	1477	\$ 204.83	
70553	MRI Head/Skull without Contrast	495	\$ 3,655.32	
77080	Bone Density Exam	1128	\$ 423.73	
G0202	Mammogram, Digital Screen	3366	\$ 295.00	

UNINSURED -PRIVATE PAY

Quick pay discount of 25% on the net charges if paid within 30 days of first statement sent. Must be paid in full and discount will be applied after payment is received from patient. Can not be combined with the Summit Select.

INSURED No copay or deductible

2012 a 20% Summit Select discount to be applied to coinsurance only after insurance pays.

2013 a 10% Summit Select discount to be applied to coinsurance only after insurance pays.

There are also payment options available with no interest charged:

In-house:

\$ 0 to \$300.00	0-3 months
\$301.00 to 600.00	3-6 months
\$ 601.00 to 900.00	9 months
\$ 901.00 to 1200.00	12 months

The OB Package

Uncomplicated Vaginal Delivery

deductible

With a 24 hour stay: \$2900.

Each additional Day: \$500.00

Epidural: \$600.00

Total: \$4000.

Uncomplicated C-Section

With a 48 hour stay: \$4900.

Each additional day: \$500.00

Tubal Ligation: \$900.00

Total: \$6300.

These discounted prices are available to anyone regardless of income or insurance status.

The pt must preregister, set up a pmt plan prior to delivery.

The pt must Pay the amounts shown above prior to being discharged.

Summit will not bill insurance if the patient chooses this option.