

# PARA Price Transparency Tool

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Price transparency continues to be an important topic in healthcare, especially as the Centers for Medicare & Medicaid Services (CMS) have continued to issue regulations.

In order to meet the mandatory requirements imposed by CMS for the Price Transparency deadline of 01/01/2021 and the previous one of 01/01/2019, hospitals must comply with the following:

1. **Publish in a machine-readable format a complete listing of all services and charges available at the hospital**
2. **Publish in a machine-readable format payer specific reimbursement information and the de-identified high, low, average, and median rates for all services and charges available at the hospital**
3. **Publish in a machine-readable format the 70 services CMS has defined plus 230+ services at the discretion of the hospital with payer specific reimbursement information and de-identified high, low, average, and median rates**

Link to CMS regulation:

[CY 2020 Hospital Outpatient Prospective Payment System \(OPPS\) Policy Changes: Hospital Price Transparency Requirements \(CMS-1717-F2\)](#)

HealthCare professionals are working to understand how price transparency can improve Patient satisfaction and reduce hospital bad debt. The benefits of providing cost estimates prior to scheduled services include:

- **Providing price transparency**
- **Providing estimates prior to service, avoiding unexpected financial liability**
- **Reducing Patient dissatisfaction directed at the provider**
- **Increasing self-pay collections while decreasing bad debt**

Today's Patients are becoming informed consumers through a variety of channels including media exposés on healthcare costs and the continued progress of the Affordable Care Act. Patients require a clear picture of their financial obligation for services. Informing Patients of the cost of services is in the best interest of the facility.

Although generating a quote for services involves a variety of contractual discounts and health insurance plan information, some information can be readily available to the Patient with minimal employee intervention.

The **PARA Price Transparency Tool (PTT)** ensures the hospital follows the CMS requirements for the upcoming and previous deadlines and allows the Patient to determine their out-of-pocket cost from a provider-based web portal.

The web-based tool includes detailed language and comprehensive support to better inform the User with regards to cost estimates they wish to obtain.

# PARA Price Transparency Tool



Resources to Better Understand  
Your Health Care Costs

-A A +A

- ←
- 🏠 Welcome
- ⓘ Disclaimer
- ⊕ Services
- 📅 Review
- 🏠 Insurance
- 💰 Financial Assistance
- ❓ FAQ
- 🔑 Login

Demonstration Hospital is dedicated to making our pricing publicly available so that you can make more informed decisions about your healthcare costs.

We provide a variety of resources to help you better understand the costs of your medical care and assist you in planning ahead for medical expenses.

## Patient Price Estimator

Demonstration Hospital's Patient Price Estimator provides approximate out-of-pocket costs for a specific medical procedure or service at Demonstration Hospital.

## Please Contact Us

Please contact Demonstration Hospital Price Estimation Team at [info@demohos.org](mailto:info@demohos.org) or call (000) 123-4567 for more information about Demonstration Hospital pricing. Our agents are happy to assist you in understanding your costs for a medical procedure or visit.

PATIENT PRICE ESTIMATOR

FAQ

## Demonstration Hospital's Standard Charges

To improve price transparency, all U.S. hospitals and health systems are required to provide lists of standard hospital charges — also called a chargemaster — so patients can compare prices across hospitals. Here are a few considerations to keep in mind as you view the list of standard charges.

- These charges are rarely the price that patients pay. The chargemaster lists the dollar amount set for each service prior to insurance contract/benefit plan discounts or self-pay discounts being applied, so the price patients pay tends to be less than the standard charge.
- Hospital charges differ from patient to patient for the same service depending upon variations in treatment.
- Patients who are eligible for financial assistance also receive additional discounts.
- Items included in a charge vary across hospital systems. For example, what's included in one hospital's charge for room and board may differ from other hospital's charge — some hospitals bundle services together into a single charge that others may list separately.
- Looking at various hospital charges does not provide any indication of quality of service and outcomes.

## Pricing Lists

To make medical pricing more transparent, all U.S. hospitals are required to provide the following pricing lists. The pricing is listed by the Current Procedural Terminology (CPT) code used by insurance companies. The lists are in a spreadsheet format.

**PLEASE NOTE:** The pricing lists below show charges prior to contract negotiations with individual insurance providers. They may be useful for comparing pricing with other hospitals, but they DO NOT indicate actual costs to patients.

STANDARD CHARGES  
(CHARGEMASTER PRICING)

This list shows preliminary pricing for thousands of different services and medical procedures performed at Demonstration Hospital.

AVERAGE CHARGES  
BY PATIENT GROUP

This list shows pricing by types of patient groups, referred to as MS-DRGs (Medicare Severity Diagnosis Related Groups).

SHOPPABLE SERVICES  
PRICING

This list shows Demonstration Hospital pricing for the most common 300 medical services. It includes gross charges, discounted cash prices, and payer-specific negotiated charges.

Powered By [PARA HealthCare Analytics](#)

The **PARA Price Transparency Tool** is completely customizable with the ability to identically mirror the look of the facility website, personalize informative language, and identify the services to be estimated.

# PARA Price Transparency Tool

## THE PARA SOLUTION:

The **PARA Price Transparency Tool** provides facilities with a system for publishing the CMS mandated files to a public website and generating Patient quotes of the top procedures for the facility.

Details of this project including purpose, method, timeline, and deliverables are as follows. If you would like more information, please contact your Account Executive.

## PURPOSE:

The purpose of the **PARA Price Transparency Tool** is to create a web-based system that follows federal requirements regarding Price Transparency and allows the Patient to determine their share of cost for healthcare services.

## METHOD:

**PARA** will deliver the mandatory machine-readable documents to meet the 01/01/2021 and 01/01/2019 CMS deadlines using the latest Charge Description Master, Contracted Payer Reimbursement Information, Transactions Data, and the Medicare Standard Analytical Data Set. Examples of these documents are shown below:

Complete Charge Master:

Procedure / Charge Number	Billing Description	CDM Price	HCPCS Code	Rev Code	Quantity	DRG	Average Charge	Minimum Ins Amount	Maximum Ins Amount	Average Ins Amount	Median Ins Amount	Self Pay
93526	HEART CATH; RT & LT	14,795.00	93460	481			2,598.50	2,598.50	3,717.45	3,237.90	3,397.75	8,877.00
455	HEART CATH; LT; W CX	11,336.00	93458	481			2,570.60	2,570.60	3,670.02	3,198.84	3,355.90	6,801.60
2899	STEREOTACTIC GUIDA	1,926.00	19081	320			2,234.50	2,234.50	3,098.65	2,728.30	2,851.75	1,155.60
30655	PERQ DEV BREAST IS	1,448.00	19281	401			2,234.50	2,234.50	3,098.65	2,728.30	2,851.75	868.80
59544	BREAST NEEDLE LOCA	1,448.00	19281	320			2,234.50	2,234.50	3,098.65	2,728.30	2,851.75	868.80
5006	HEART CATH; LT; NO C	5,511.00	93452	481			2,148.90	2,148.90	2,953.13	2,608.46	2,723.35	3,306.60
14887	BREAST BX W/US GUI	2,743.00	19083	400			2,097.80	2,097.80	2,866.26	2,536.92	2,646.70	1,645.80
4641	DX IN-111 OCTREOSCI	7,092.00	A9572	343			1,896.80	1,896.80	2,524.56	2,255.52	2,345.20	4,255.20
15455	VENTILATOR - FIRST C	1,569.00	94002	410			1,795.07	1,795.07	2,351.62	2,113.10	2,192.61	941.40
16198	INTRO NEEDLE; EXT A	775.00	36140	323			1,672.80	1,672.80	2,143.76	1,941.92	2,009.20	465.00
14656	ECHO-TE FEE	2,795.00	93312	480			1,522.60	1,522.60	1,888.42	1,731.64	1,783.90	1,677.00
18506	CRITICAL CARE EVAL B	1,603.00	99291	450			1,505.00	1,505.00	1,858.50	1,707.00	1,737.50	961.80
4169	CRITICAL CARE EVAL A	1,603.00	99291	450			1,505.00	1,505.00	1,858.50	1,707.00	1,737.50	961.80
11321	ECHO W/DOPPLER	2,489.00	93306	480			1,463.60	1,463.60	1,788.12	1,649.04	1,695.40	1,493.40
13245	ECHO EXERCISE STRES	1,511.00	93350	480			1,425.60	1,425.60	1,723.52	1,595.84	1,638.40	906.60
2487	ECHO DOBUTAMINE C	1,511.00	93350	480			1,425.60	1,425.60	1,723.52	1,595.84	1,638.40	906.60
2644	CPAP INITIAL	538.00	94660	410			1,368.70	1,368.70	1,626.79	1,516.18	1,553.05	323.40

CMS plus facility shoppable services:

Code Type	Primary			HCPCS			Claims	PCNT	Line Charge Avg
	Primary Code	Status	Primary Desc	HCPCS	Status	HCPCS Desc			
HCPCS	10160	T	Puncture drainage of lesion	10160	T	Puncture drainage of lesion	8,650	100%	1,010.00
				87070	Q4	Culture othr specimn aerobic	2,813	33%	454.00
				76942	N	Echo guide for biopsy	2,443	28%	2,361.00
				85025	Q4	Complete cbc w/auto diff wbc	1,357	16%	186.00
				G0463	J2	Hospital outpt clinic visit	1,304	15%	238.50
				36415	Q4	Routine venipuncture	1,177	14%	61.86
				99283	J2	Emergency dept visit	1,117	13%	2,093.60
				85610	Q4	Prothrombin time	1,032	12%	248.37

# PARA Price Transparency Tool

PARA will provide your facility a suggested list of services, the 70 CMS shoppable services and 230+ additional services, based on your most recent Medicare Data available including:

- All Inpatient Medicare DRG Data including the (CMS shoppable)
- Top 50 ICD-10 Diagnoses for ED visits
- Average charge by ED level
- Top 50 ICD-10 for clinic visits
- Average charge new and established clinic levels
- Top 50 ICD-10 Diagnosis for observation
- Mammography
- Top 50 cardiology/EKG/Stress Tests
- Top 25 Laboratory
- Top 25 Radiology
- Other Service Lines (as requested by client)
- COVID-19 Diagnostic and specimen collection
- Women’s health
- Preventive medicine
- Top 50 ambulatory surgical procedures

PARA XLS extract of facility specific procedures from the CMS data set:

Place of Service	Type Of Service	PatientType	HCPCS Reported	HCPCS_Desc	CPT_Desc	APC_DRG
Cardiac Rehab	Cardiac Rehab	OP	93797	PHYSICIAN OR OTHER QUALIFIED HEALTH CARE PR	Physician services for outpa	5771
Cardiac Rehab	Cardiac Rehab	OP	93798	PHYSICIAN OR OTHER QUALIFIED HEALTH CARE PR	Physician services for outpa	5771
Cardiac Rehab	Cardiac Rehab	OP	G0422	INTENSIVE CARDIAC REHABILITATION; WITH OR W		5771
Cardiac Rehab	Cardiac Rehab	OP	G0423	INTENSIVE CARDIAC REHABILITATION; WITH OR W		5771
Cardiology Echocardiography	Cardiology Echocardiography	OP	93005	ELECTROCARDIOGRAM, ROUTINE ECG WITH AT LE	Routine electrocardiogram	5733
Cardiology Echocardiography	Cardiology Echocardiography	OP	93306	ECHOCARDIOGRAPHY, TRANSTHORACIC, REAL-TIM	Ultrasound examination of	5524
Cardiology Echocardiography	Cardiology Echocardiography	OP	93017	CARDIOVASCULAR STRESS TEST USING MAXIMAL	Exercise or drug-induced he	5722
Cardiology Echocardiography	Cardiology Echocardiography	OP	93312	ECHOCARDIOGRAPHY, TRANSESOPHAGEAL, REAL-T	Insertion of probe in esoph	5524
Cardiology Echocardiography	Cardiology Echocardiography	OP	93458	CATHETER PLACEMENT IN CORONARY ARTERY(S)	Insertion of catheter in left	5191
Cardiology Echocardiography	Cardiology Echocardiography	OP	92960	CARDIOVERSION, ELECTIVE, ELECTRICAL CONVERSI	External shock to heart to re	5781
Cardiology Echocardiography	Cardiology Echocardiography	OP	C8923	TRANSTHORACIC ECHOCARDIOGRAPHY WITH CON		5573
Cardiology Echocardiography	Cardiology Echocardiography	OP	93571	INTRAVASCULAR DOPPLER VELOCITY AND/OR PRE	Ultrasound evaluation of he	
Cardiology Echocardiography	Cardiology Echocardiography	OP	93460	CATHETER PLACEMENT IN CORONARY ARTERY(S)	Insertion of catheter in righ	5191
Cardioleov Echocardiograoh	Cardioleov Echocardiograoh	OP	93613	INTRACARDIAC ELECTROPHYSIOLOGIC 3-DIMENSIO	Insertion of catheters for 3D	

PARA will construct procedure categories and subcategories based on the facility-approved list of services and will provide the implementation instructions for deployment. Initial and ongoing training and support are provided for the duration of the agreement.

PARA will review your current website design to create a Patient cost estimator tool. The PARA Price Transparency Tool provides the Patient an easy to use decision tree to select the required services.

# PARA Price Transparency Tool

## DELIVERABLES:

**PARA** will provide your facility a web-based control panel to allow updates and changes to the estimator on an ongoing basis (i.e. update prices, change benefit plans, add services, etc.)

**PARA** will provide an optional insurance and benefit plan allowing Patients to enter their own benefit information to calculate their cost.

**PARA** will provide Medicare and Medicaid terms (where applicable) allowing Patients to calculate their cost, and will incorporate the Hospital's self-pay discount to allow self-pay Patients to calculate their cost.

**PARA** will provide an option for the price estimate to be printed and will provide links and referrals to financial counseling, charity care policies, quality ratings, Patient satisfaction scores, and other information deemed pertinent by the Hospital.

**PARA** will provide an internal web-based tool to review all registrations, estimates, and eligibility checks created by Patients. The **PARA Price Transparency Tool** statistics are tracked in the **PARA Data Editor (PDE)** according to general use, visits by date, top estimates by service, estimates by insurance, and file downloads.

PTT Traffic/Usage Stats		PTT Users, Saved Estimates/Eligibility		Service Selection Admin	
Please find your available PTT Traffic and Usage statistics and related metrics below.					
<a href="#">Export All Stats To Excel</a>					
Select alternate PTT for review...					
General Usage		Top 10 Estimates By Service			
Description	Visits	Description	Selections		
Total Visits	26403	Chest X Ray (two views)	139		
Total Unique Visits	10456	New Patient Physical Exam (Ages 18-39)	35		
Total Estimates Generated	4815	Skin Tests (scratch, puncture, prick) Dermatology	33		
Total Visits With Estimates Generated	2447	Appendectomy	20		
Total Visits Without Estimates Generated	23956	X-ray foot 3 views	7		
		Inpatient Cesarean Section with Complications	6		
		Ultrasound pelvic non-obstetric	4		
		X-Ray Foot 3+Views	3		
		New Patient Physical Exam (Age 1 -4)	1		
		New Patient Physical Exam (Age 12 -17)	1		
Visits by Dates		Estimates - Insurance Selections			
Description	Visits	Description	Selections		
Total Visits This Week (to date)	8	All other insurance	2242		
Total Visits For (to date): May - 2020	37	No Insurance	2050		
Total Visits For (to date): April - 2020	48	Medicare	270		
Total Visits For (to date): March - 2020	51	Traditional Medicare	253		
Total Visits For (to date): February - 2020	66				
Total Visits For (to date): January - 2020	55	File Downloads			
Total Visits For (to date): December - 2019	58	File	File Type	Selections	
Total Visits For (to date): November - 2019	73				
Total Visits For (to date): October - 2019	53				
Total Visits For (to date): September - 2019	53				
Total Visits For (to date): August - 2019	321				
Total Visits For (to date): July - 2019	62				
Total Visits For (to date): June - 2019	117				
Total Visits For (to date): May - 2019	87				
Total Visits For (to date): April - 2019	54				

# PARA Price Transparency Tool

## WALKTHROUGH:

The User is welcomed with the options to download the complete price list, download the shoppable items, connect with the facility, or calculate their out-of-pocket cost by selecting the associated links.



Resources to Better Understand  
Your Health Care Costs

-A A +A

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This list shows Demonstration Hospital pricing for the most common 300 medical services. It includes gross charges, discounted cash prices, and payer-specific negotiated charges.

[Powered By PARA HealthCare Analytics](#)

# PARA Price Transparency Tool

Once the User has agreed to the preliminary Disclaimer, the User selects an individual service by (1) identifying the associated “Service Category” and then (2) clicking on the service to be added.

Out-Of-Pocket Estimator: Obtain an estimate on our most common services

3 of 10

Choose Your Service Category

AMBULATORY SURGICAL	CARDIAC REHAB	CARDIOLOGY / ECHOCARDIOGRAPHY
CLINIC BY SERVICE LEVEL	CLINIC/OUTPATIENT	CLINIC/OUTPATIENT MISC DIAGNOSTIC/THERAPEUTIC
CLINICAL LAB	CMS FOCUSED SHOPPABLE SERVICES	COMPUTED TOMOGRAPHY
EMERGENCY	INPATIENT	IV / CHEMO THERAPY
MAGNETIC RESONANCE IMAGING	NUCLEAR MEDICINE	OCCUPATIONAL THERAPY
PHYSICAL THERAPY	PREVENTIVE MEDICINE	PSYCHOTHERAPY
PULMONARY	RADIOLOGY - FILMS - XRAY	RESPIRATORY THERAPY
SLEEP	SPEECH THERAPY	ULTRASOUND
WOMENS SERVICES	WOUND CARE	

Choose a Specific Service

» ULTRASOUND

- » ULTRASOUND SCAN OF HEAD AND NECK SOFT TISSUE (CPT: 76536)
- » LIMITED ULTRASOUND SCAN OF 1 BREAST (CPT: 76642)
- » COMPLETE ULTRASOUND SCAN OF ABDOMEN (CPT: 76700)
- » LIMITED ULTRASOUND SCAN OF ABDOMEN (CPT: 76705)
- » LIMITED ULTRASOUND SCAN BEHIND ABDOMINAL CAVITY (CPT: 76775)
- » ULTRASOUND SCAN OF PREGNANT UTERUS (14 WEEKS OR MORE), SINGLE OR FIRST FETUS (CPT: 76805)
- » ULTRASOUND SCAN OF UTERUS, OVARIES, TUBES, CERVIX AND PELVIC AREA THROUGH VAGINA (CPT: 76830)
- » COMPLETE ULTRASOUND SCAN OF PELVIS (CPT: 76856)
- » ULTRASOUND SCAN OF SCROTUM (CPT: 76870)

# PARA Price Transparency Tool


Out-Of-Pocket Estimator: Obtain an estimate on our most common services


3 of 10

Choose Your Service Category

AMBULATORY SURGICAL	CARDIAC REHAB	CARDIOLOGY / ECHOCARDIOGRAPHY
CLINIC BY SERVICE LEVEL	CLINIC/OUTPATIENT	CLINIC/OUTPATIENT MISC DIAGNOSTIC/THERAPEUTIC
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MAGNETIC RESONANCE IMAGING	NUCLEAR MEDICINE	OCCUPATIONAL THERAPY
PHYSICAL THERAPY	PREVENTIVE MEDICINE	PSYCHOTHERAPY
PULMONARY	RADIOLOGY - FILMS - XRAY	RESPIRATORY THERAPY
SLEEP	SPEECH THERAPY	ULTRASOUND
WOMENS SERVICES	WOUND CARE	

**Review Your Selected Service(s)**

-  COMPLETE ULTRASOUND SCAN OF PELVIS (CPT: 76856)  
SERVICE TYPE: OUTPATIENT



VIEW SELECTED SERVICE(S)

RETURN TO DISCLAIMER

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Selected services are added to the “Review Your Selected Services” window where they can be removed, or additional services added at any time.



# PARA Price Transparency Tool

At this point, the consumer has the option to continue and further refine the estimate by including their specific insurance plan details to obtain a final out-of-pocket estimate.

**Out-Of-Pocket Estimator: Obtain an estimate of your selected services** 4 of 10

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Review Your Estimate


Primary Service and Ancillary Services	Rev Code	CPT / HCPCS ICD-10 Code	Average Unit Count	Charge
<b>COMPLETE ULTRASOUND SCAN OF PELVIS (CPT: 76856) SERVICE TYPE: OUTPATIENT</b>				
1. COMPLETE ULTRASOUND SCAN OF PELVIS	0402	76856	1	\$951.00
2. COMPLETE ULTRASOUND SCAN OF PELVIS	0989	76856	1	\$298.00
<b>Total of Charges:</b>				<b>\$1,249.00</b>

Estimate of Billed Charges: \$1,249.00

This patient-share estimate is an estimate of your costs and is not a contract or guarantee of the actual costs for the services that may be provided to you. The prices on which this estimate is based are subject to change at any time without notice. This information is based on the insurance information you provided on **September 03, 2021** and price information last updated on **October 29, 2020**. Always check with your health insurance company for the most accurate out-of-pocket cost for a procedure or service.

You also may receive bills from other medical specialty services that you may use during your visit with us, including physician charges, anesthesiology charges, radiologist reading fees and pathologist fees. Charges from these medical specialists will be billed separately to you.

The estimate above is not a quote nor a guarantee of the charges for a service or the amount that you will owe. If you have insurance, your insurance policy coverage (including deductibles, co-pay, co-insurance and out-of-pocket maximums) will determine the amount you owe.

[ADD/REVIEW SELECTED SERVICE\(S\)](#)   [SELECT INSURANCE](#)   

[PRINT ESTIMATE](#)

[click "Select Insurance" to add insurance plan details](#)

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**Out-Of-Pocket Estimator: Select your insurance type** 5 of 10

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Select Your Insurance

Self-Pay 1

Medicare (Excludes Medicare Advantage Plans) 2

Commercial Insurance / Medicare Advantage Plans 3

[ADD/REVIEW SELECTED SERVICE\(S\)](#)

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# PARA Price Transparency Tool

## Self-Pay – 1

The **PARA Price Transparency Tool** presents the final estimate as a total of the Hospital’s self-pay discount applied to the selected services’ individual prices.

Out-Of-Pocket Estimator: Review your estimate

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### Review Your Estimate

Insurance: Self-Pay

Primary Service and Ancillary Services	Rev Code	CPT / HCPCS ICD-10 Code	Average Unit Count	Charge
COMPLETE ULTRASOUND SCAN OF PELVIS (CPT: 76856) SERVICE TYPE: OUTPATIENT				
1. COMPLETE ULTRASOUND SCAN OF PELVIS	0402	76856	1	\$951.00
2. COMPLETE ULTRASOUND SCAN OF PELVIS	0989	76856	1	\$298.00
<b>Total of Charges:</b>				<b>\$1,249.00</b>
Self-pay/Cash Price (40% Self-Pay Discount)				\$749.40
Minimum negotiated charge amount				\$376.54
Maximum negotiated charge amount				\$1,128.93
Charge for AETNA				\$839.03
Charge for ANTHEM BLUE CROSS PPO				\$937.65
Charge for BLUE SHIELD HMO				\$376.54
Charge for CIGNA				\$969.71
Charge for HUMANA				\$1,128.93

Estimate of Billed Charges (40% Self-Pay Discount): \$749.40

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The estimate above is not a quote nor a guarantee of the charges for a service or the amount that you will owe. If you have insurance, your insurance policy coverage (including deductibles, co-pay, co-insurance and out-of-pocket maximums) will determine the amount you owe.

Non-insured patients may be eligible to receive a 40% discount on services if the bill is paid in full within X days of the first statement. Only services that are not covered by a third party are eligible. For more information, contact our Financial Counselor at [info@demohos.org](mailto:info@demohos.org) or call [000.123-4567](tel:0001234567).

ADD/REVIEW SELECTED SERVICE(S)

SELECT INSURANCE

SAVE/VIEW FINAL

PRINT FINAL

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# PARA Price Transparency Tool

## Medicare – 2

The **PARA Price Transparency Tool** presents the final estimate as a total of Medicare DRG or APC of the selected services with the remaining annual deductible plus co-insurance.

Out-Of-Pocket Estimator: Review your estimate

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### Review Your Estimate

Insurance: Medicare  
Deductible (Part B): \$203.00

Primary Service and Ancillary Services	Rev Code	CPT / HCPCS ICD-10 Code	Average Unit Count	Charge
<b>COMPLETE ULTRASOUND SCAN OF PELVIS (CPT: 76856)</b>				
SERVICE TYPE: OUTPATIENT				
1. COMPLETE ULTRASOUND SCAN OF PELVIS	0402	76856	1	\$951.00
2. COMPLETE ULTRASOUND SCAN OF PELVIS	0989	76856	1	\$298.00
<b>Total of Charges:</b>				<b>\$1,249.00</b>
Self-pay/Cash Price (40% Self-Pay Discount)				\$749.40
Minimum negotiated charge amount				\$376.54
Maximum negotiated charge amount				\$1,128.93
Charge for AETNA				\$839.03
Charge for ANTHEM BLUE CROSS PPO				\$937.65
Charge for BLUE SHIELD HMO				\$376.54
Charge for CIGNA				\$969.71
Charge for HUMANA				\$1,128.93

### Estimate of Medicare Co-Insurance Plus Any Remainder of Your Annual Deductible: \$182.05

This patient-share estimate is an estimate of your costs and is not a contract or guarantee of the actual costs for the services that may be provided to you. The prices on which this estimate is based are subject to change at any time without notice. This information is based on the insurance information you provided on **September 03, 2021** and price information last updated on **October 29, 2020**. Always check with your health insurance company for the most accurate out-of-pocket cost for a procedure or service.

The estimate above is not a quote nor a guarantee of the charges for a service or the amount that you will owe. If you have insurance, your insurance policy coverage (including deductibles, co-pay, co-insurance and out-of-pocket maximums) will determine the amount you owe.

[ADD/REVIEW SELECTED SERVICE\(S\)](#)

[SELECT INSURANCE](#)

[SAVE/VIEW FINAL](#)

[PRINT FINAL](#)

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# PARA Price Transparency Tool

## All Other Insurance – 3

The ability to calculate Patient estimates on the facility website will be provided upon the consumer’s ability to input their specific plan details.

**PARA** has integrated the facilities managed care contracts to the **PARA Price Transparency Tool**, making it a more accurate tool for providing price estimates. However, with this functionality, competitors and other malicious Users may attempt to take advantage of the tool to shop prices.

**PARA** has further developed the ability to protect your facility from such attacks by incorporating User eligibility checking and saving.

If the User has selected “All Other Insurance,” the facility has the option to require the Patient to complete an eligibility form for inquiry.

Out-Of-Pocket Estimator: Obtain a result of your eligibility check

7 of 10

Check Your Eligibility INSURANCE CARD HELP

Please complete the below Eligibility Checking Form in order to obtain an Out-of-Pocket Cost Estimate.

We use a third-party clearinghouse to check if you are currently covered under an insurance plan and automatically determine your information.

You do have the option of by-passing this Checker where you will need to supply your information, all items required to perform the Eligibility Check are securely sent to the clearinghouse and processed with our system.

First Name:\*  Last Name:\*  Date Of Birth:\*

Payer:\*  Member ID:\*

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**PARA** communicates via an Electronic Data Interchange linkage to the Patient’s insurance plan to confirm coverage, co-pays, co-insurance, maximum, and deductibles.

A successful verification response reported along with the User’s complete plan information ensures a further level of protection to avoid data mining from outside parties and full transparency.

Only when **PARA** confirms that the check has been successful will the User be able to proceed to enter their insurance plan information.

# PARA Price Transparency Tool

Check Your Eligibility - Result

Patient		
Name / Address	Date of Birth	Gender
[REDACTED]	[REDACTED]	[REDACTED]

Insurance			
Name	Insurance Type	Member Type	ID
[REDACTED]	Payer	Subscriber	[REDACTED]

Plan				
Coverage	Type	Plan Name	Plan Number	Additional Information
[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]

Plan			
Group ID	Group Name	Dates	Subscriber Info
[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]

Providers					
Type	Primary Care	Restricted	Contacts	Dates	Additional Information
[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]

[PROCEED TO OUT-OF-POCKET COSTS](#)

[ADD/REVIEW SELECTED SERVICE\(S\)](#) [SELECT INSURANCE](#)

[SAVE ELIGIBILITY RESULT](#) [PRINT ELIGIBILITY RESULT](#)

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The response from the eligibility checker is parsed and loaded into the insurance information page to take the guess work out from the User, inputting their insurance information automatically.

Enter Your Insurance Information - Commercial Insurance (Excluding Medicare)

Please Select Your HealthCare Payer:

Enter your yearly deductible amount (\$):

Enter yearly deductible amount already paid amount (\$):

Enter your copay amount (\$):

Select the coinsurance amount (%) you are responsible for:

Enter your out-of-pocket maximum (\$) per calendar year:

Enter your out-of-pocket maximum (\$) per calendar year already paid:

[ADD/REVIEW SELECTED SERVICE\(S\)](#) [SELECT INSURANCE](#) [VIEW ESTIMATE](#)

[Powered By PARA HealthCare Analytics](#)

# PARA Price Transparency Tool

The **PARA Price Transparency Tool** presents the final estimate as a total of the selected services' allowed amounts based on the selected facility managed care contract with specific plan details.

Along with the final estimate, the Minimum, Maximum, Average, and Median Payments of Other Insurance Companies Contracted with the Hospital are presented for further compliance and price transparency. As a final comparison the cost to the Patient of purchasing the service as a self-pay Patient is provided.

Out-Of-Pocket Estimator: Review your estimate 10 of 10

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**Review Your Estimate**

Insurance: Commercial Insurance (Excluding Medicare)

Contract:	AETNA
Deductible:	\$500.00
Deductible Paid:	\$400.00
Copay:	\$50.00
Co-Insurance:	20%
Maximum Payment:	\$1,500.00
Maximum Payment Paid:	\$700.00

Primary Service and Ancillary Services	Rev Code	CPT / HCPCS ICD-10 Code	Average Unit Count	Charge
COMPLETE ULTRASOUND SCAN OF PELVIS (CPT: 76856) SERVICE TYPE: OUTPATIENT				
1. COMPLETE ULTRASOUND SCAN OF PELVIS	0402	76856	1	\$951.00
2. COMPLETE ULTRASOUND SCAN OF PELVIS	0989	76856	1	\$298.00
<b>Total of Charges:</b>				<b>\$1,249.00</b>
Self-pay/Cash Price (40% Self-Pay Discount)				\$749.40
Minimum negotiated charge amount				\$376.54
Maximum negotiated charge amount				\$1,128.93
Charge for AETNA				\$839.03
Charge for ANTHEM BLUE CROSS PPO				\$937.65
Charge for BLUE SHIELD HMO				\$376.54
Charge for CIGNA				\$969.71
Charge for HUMANA				\$1,128.93

**Estimate of Your Total Out-Of-Pocket Cost: \$287.81**

Your out of pocket costs for these services are based on several factors, including your: insurance plan deductible, co-payment and co-insurance amounts, and how much of your out of pocket maximum and deductible have been met to date this year. This amount may vary slightly, depending on actual services you receive.

The expectation is that if at all possible these details should be handled at the time of service. We accept cash, check, Visa, Mastercard or Discover.

You may also receive bills from other medical specialty services that you may use during your visit with us, including Physician charges, Radiology reading fees, and Pathology fees. Charges from these medical specialists will be billed separately to you and your insurance carrier.

The estimate above is not a quote nor a guarantee of the charges for a service or the amount that you will owe. If you have insurance, your insurance policy coverage (including deductibles, co-pay, co-insurance and out-of-pocket maximums) will determine the amount you owe.

If you have additional questions regarding the above quote or would like to get in touch with our Financial Counseling Department, please click [HERE](#).

PROCEED TO OUT-OF-POCKET COSTS

PERFORM ELIGIBILITY CHECK

ADD/REVIEW SELECTED SERVICE(S)

SELECT INSURANCE

SAVE/VIEW FINAL

PRINT FINAL

Powered By [PARA HealthCare Analytics](#)

**PARA** has developed the abilities to save and print estimates and Eligibility entries and results for the User to review on a later date. Saving is accomplished by asking the Patient for their email address and sending a secure link via email to reopen the results. Printing produces a replica of the current page in PDF format.

# PARA Price Transparency Tool

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## SAMPLES OF PRICE TRANSPARENCY WITH PARA PRICE TRANSPARENCY TOOL DECISION TREE:

Price Transparency Link and Cost Estimations for Medicare and No Insurance:

[Example 1](#)

Price Transparency Link and Patient Estimates using **PARA's** standard Decision Tree for Insurance, Medicare and Self-Pay:

[Example 2](#)

[Example 3](#)

Price Transparency Link built into **PARA's** custom landing page for Hospital Defined Services and providing Patient Estimates with **PARA's** standard Decision Tree for Insurance, Medicare and Self-Pay:

[Example 4](#)

Price Transparency Link built into **PARA's** custom landing page for direct Cost Estimations regardless of payor:

[Example 5](#)

Price Transparency Link broken out by location with direct Cost Estimations also dependent on location:

[Example 6](#)

Demonstration Version of Price Transparency Link with All Functionality:

[Example 7](#)