

GREGORY W. SULLIVAN
INSPECTOR GENERAL

The Commonwealth of Massachusetts
Office of the Inspector General

JOHN W. McCORMACK
STATE OFFICE BUILDING
ONE ASHBURTON PLACE
ROOM 1311
BOSTON, MA 02108
TEL: (617) 727-9140
FAX: (617) 723-2334

Office of the Inspector General
Commonwealth of Massachusetts

Review of the State of New Hampshire Health Cost Website

May 15, 2007

an official NEW HAMPSHIRE *government website*



NH HEALTH
COST ■



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MEMORANDUM

To: Health Care Quality and Cost Council Members
From: Gregory W. Sullivan, Inspector General
Date: May 18, 2007
Subject: New Hampshire Health Cost Website Review

Our office reviewed the State of New Hampshire NH HealthCost website. We experimented with a number of different health plans, deductibles, co-pays and various medical/surgical procedures to obtain the information presented in this review. We were impressed with the comprehensive data available and the simplicity of using the website to obtain detailed cost estimates. It was particularly useful in comparing the prices per procedure, per health plan and per hospital as requested, with specific payment estimates including deductibles and co-pays for the consumer and their insurance plans.

As we all know, Chapter 58 does not permit the publication of costs as specific as the cost estimates available in New Hampshire- **Ch. 58, Section 136** "...Cost information shall include, at a minimum, the average payment for each service or category o(f) service received by each facility, clinician or physician practice on behalf of insured patients. Cost information shall be aggregated for all insurers and the council shall not publicly release the payment rates of any individual insurers which shall not be deemed to be public record."

Following our upcoming discussions with officials from New Hampshire on the process used to obtain this data and the feedback from consumers, providers and insurers about the website, we may want to examine this limitation in Chapter 58 and consider offering changes to the section.

New Hampshire Health Cost Website Review

Background

The state of New Hampshire has developed a health care cost transparency website. The website, known as NH Health Cost (www.nhhealthcost.org), is quite comprehensive, very informative and easy to use. It was developed by the NH Insurance Department, the Commissioner's Advisory Committee on Health Insurance, the NH Health Information Center, and the NH Institute for Health Policy and Practice, beginning in 2005.

Website Features

Anyone can access and use the NH Health Cost website which you can enter by identifying whether or not you are insured, entering a New Hampshire zip code, selecting the desired medical/surgical service or procedure, indicating the comparison service area in miles, and identifying your health insurance carrier and particular plan (together with deductible and co-pay requirements). The website will then present a list of hospitals and other providers within the identified travel radius who offer the chosen procedure and have sufficient utilization data to produce a cost comparison. The detailed cost estimates listed are also rated by precision or reliability of the estimate, as well as a risk adjustment value on the complexity of the patient mix for that condition in that particular hospital, etc. Another feature breaks down the total payment to the hospital by the consumer and the insurer depending on the health plan and deductible and/or co-pay. There is also a feature that provides cost estimates to consumers who are uninsured.

The website presents cost estimate information in five major areas: Preventive Health, Emergency Visits, Radiology, Surgical Procedures and Maternity, with many subcategories. For the purposes of this review we chose a number of procedures and have compared the costs by different health plans, i.e., Harvard, Cigna, Anthem, etc.; and in some cases, within health plans, i.e., Harvard's HMO, Harvard's PPO, etc., using sample deductibles and co-pay amounts. The findings were quite remarkable and varied by health plan. In the hands of a consumer, this information could most likely lead to comparison shopping among provider choices (and even health plans). However, since no quality information is offered on this website, consumers cannot yet compare that important factor in making their informed health care choices.

Selected Procedures

Cost information is presented on the following 7 selected services from the website:

1. Colonoscopy
2. Arthroscopic Knee Surgery
3. Kidney Stone Removal
4. Emergency Room Visit- Medium
5. Vaginal Birth and New Baby
6. Chest X-Ray
7. MRI- Knee

Asterisked (*) sections of the data draw your attention to the variable ratings (precision of cost estimate and typical patient complexity), to produce the best apples to apples comparisons in each category considering these variables. For uninsured consumers, the data presents a median charge for the procedure/service and then the median charge with a 15% discount, which state officials determined was typical of NH hospitals to offer to the uninsured. A nice feature of the website was that after each presentation of hospital costs, the phone number of the hospital was included for consumer convenience and follow-up.

Cost Range Observations in Selected Categories

Our review considered each category and compared only selected examples with "High" precision of cost estimate and "Medium" patient complexity for each health plan, to make the comparisons as fair as possible.

- **Colonoscopy** costs, with similar cost estimate precision ratings and patient complexity values for an area within 50 miles of Portsmouth, NH, range between \$991 and \$2,591 depending on the health plan and the hospital/center. Discounted uninsured rates for a colonoscopy ranged slightly higher from \$1,345 to \$2,916 depending on the hospital. For one provider, the price more than doubles (\$991 to \$2,018) with the same cost variables ratings and patient risk factors, depending on the health plan.
- **Arthroscopic knee surgery** with similar variables for insured individuals, range from \$4,811 to \$9,213, with uninsured rates ranging in the same area; \$4,910 to \$9,509. An example of variance in charges we observed included one provider charging different health plans charges ranging from \$4,811, \$5,449, \$5,491, and \$9,213 for the same procedure with the same variable ratings.
- **Kidney stone removal** for the insured range from \$6,141 to \$10,086 with the more expensive uninsured costs ranging from \$7,622 to \$16,402. One provider charged consumers from \$6,141 to \$10,862 for the same procedure depending on their choice of health plan (even with the same deductible and co-pay levels).
- **Emergency room visits of a medium nature** (versus very minor nature) with similar variables range in cost from a low of \$399 to high of \$836 for the insured, depending on the provider and the health plan. Uninsured rates for the same emergency room visits range between \$293 and \$899.
- **The vaginal birth and new baby** category presented a very wide range of costs starting at a low of \$5,058 to a high of \$12,817 for similar cost precision and patient mix values for insured individuals within 50 miles of Portsmouth. Uninsured rates for the same procedure range from \$6,755 to \$13,498. Depending on the health plan the consumer purchased, the total cost of having a baby at one provider institution ranged from \$ 5,058 to \$7,479.

- **Chest x-ray** costs for insured individuals ranged from \$159 to \$295, however, the uninsured pay within a much higher range of \$187 to \$913 for the same procedure (including their 15% uninsured discount).
- Finally, **MRI- knee** for insured individuals had a very broad range from \$405 to \$2,344 depending on the health plan and provider site, while the uninsured were charged a discounted rate of between \$1,059 and \$2,551. Once again, choice of health plans determined whether the consumer would be charged \$405 or \$1,817 for the MRI at the same hospital. This is a major factor considering, for example, if the plan requires a \$2,000 deductible.

Much data was reported for hospitals and health plans, which we have included in the review. However, the cost precision variable was ranked "Medium" to "Low" in many categories and the patient complexity variable commonly ranged in the "Medium to High" ranking in many areas, which inhibited a broader comparison. As stated earlier, for the purposes of this presentation, we only considered a ranking of "High" in the cost estimate precision area and "Medium" for typical patient complexity to compare costs in the selected categories.

Conclusion

The first conclusion that evolved was that it was indeed possible to compile and publish a listing of hospital charges and insurance plan costs and payments in a meaningful way to assist the consumer in appraising health care options. The variable ratings gave further assurance of accuracy and fairness based on ranking patient complexity and other factors.

More importantly, what this data also shows are huge ranges in health costs at different hospitals for the same procedures with the same risk factor adjustments for both insured and uninsured consumers. Additionally, there were broad price ranges for the same procedure in the same hospital, depending on the insurance plan. It must be understood that if viewing price with no variables considered, the price ranges for the same procedures in the same hospitals are even more dramatic.

Without this data, consumers would be unable to compare prices from their health plans and costs of services at local hospitals. When computing the potential savings to payors, insured consumers, as well as the uninsured, the dollar totals would most likely have a significant impact on health costs if consumers were encouraged to use the website and were provided incentives to shop for cost effective services within a convenient driving range.

When we have a chance to meet with the New Hampshire state officials, we can review how they gather and update this information, the feedback they have received from consumers, providers and payors, as well as the actual and anticipated impact on health costs.

We would be happy to discuss our observations about this data and the New Hampshire Health Cost website with Council members at your convenience.

STATE OF NEW HAMPSHIRE

NH HEALTHCOST

WEBSITE INTRODUCTION

an official **NEW HAMPSHIRE** government website



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WELCOME!

HealthCost provides information on the price of medical care in New Hampshire. The New Hampshire Insurance Department and the Commissioner's Advisory Committee on Health Insurance developed the Health Care Cost of Procedure (HealthCost) website in 2005.

WHAT IS THE PURPOSE OF HEALTHCOST?

This site gives patients information about the price of health care services. The price information is based on paid claims data collected from New Hampshire's health insurers by the New Hampshire Department of Health and Human Services as part of the Comprehensive Health Care Information System. This website serves as a resource to help you make informed decisions about purchasing health care services and insurance.

WHAT SHOULD I KNOW ABOUT MY HEALTH INSURANCE PLAN, AND THE PRICE OF MY HEALTH CARE?

It is important to understand your health insurance coverage. The price you pay for the purchase of a health care service will vary depending on whether you are insured or uninsured, the type of insurance you have, and the insurance carrier that is providing the insurance. Insurance plans work differently and cover different types of medical services. The specific details of your plan and the carrier from which you purchase a policy may affect how much you pay for health care services. You can find information about deductibles, co-pays, and co-insurance in the insurance certificate,

policy, or handbook that you receive when you enroll. Your health insurance carrier may also have a website and customer service representatives to help you. You are encouraged to contact your health care provider (hospital, laboratory, physician, etc.) to determine your specific payment responsibility under your health plan. The FAQs section of this website also provides guidance.

WHAT IS AN ESTIMATED COST?

Your estimated cost is based on the information entered and assumptions about typical utilization and costs. The actual amount billed to you may be different from the estimates that appear on this site. Many factors affect the actual bill you will receive, and this website does not account for all of them. Additionally, the estimated cost is not a guarantee of insurance coverage. You will be billed at the provider's charge for any service provided to you that is not a covered benefit under your plan. Please check with your insurance company if you need help understanding your benefits for the service chosen.

This website was developed by New Hampshire Health Information Center, NH Institute for Health Policy and Practice, and websolutions for the New Hampshire Insurance Department in conjunction with the Department of Insurance Advisory Council



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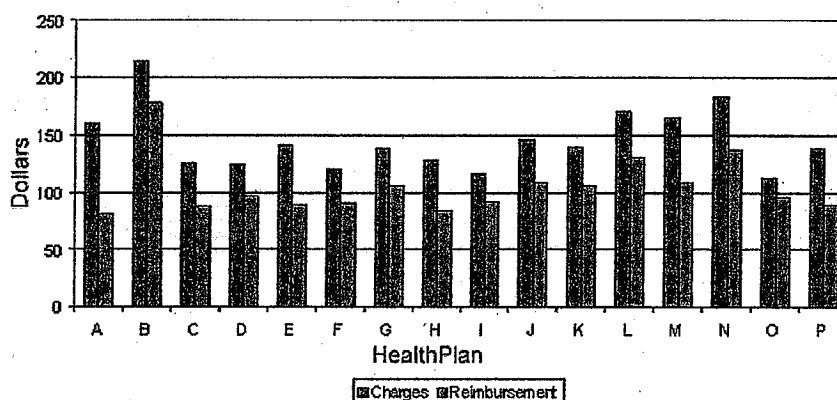
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- [The Price of Health Care Services](#)
- [A Deeper Explanation](#)

THE PRICE OF HEALTH CARE SERVICES

This site is about health care pricing. There is no single price for a health care service. The price will vary considerably depending upon who is paying for the service and where the service is obtained. Different insurers may pay different amounts to the same hospital and the same physicians for the same procedure depending on their negotiated discounts. Similarly, governmental payers (e.g., Medicare and Medicaid) and the uninsured also pay different amounts for the same service. In addition, the amount paid for a particular service will differ depending on which hospital or physician is performing the services. There is no single cost for a health care service. The amount paid for a health care service will vary based on who performs the service, where it is performed, and who pays the bill.

Median Charge and Reimbursement Amounts for All Services By Health Plan



The HealthCost website shows you the price of health care services for insured and uninsured patients. Insurance carriers pay a negotiated price for health care services that are discounted.

To better explain this, the chart on this page compares the median reimbursement for all insurance carriers in New Hampshire for all services. There is considerable variation in what each insurance carrier pays for services.

This website was developed by New Hampshire Health Information Center, NH Institute for Health Policy and Practice, and websolutions for the New Hampshire Insurance Department in conjunction with the Department of Insurance Advisory Council



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Get Started

+ Preventive Health

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+ Emergency Visits

[close](#)[Emergency Room Visit - Medium](#)[Emergency Room Visit - Very Minor](#)

+ Radiology

[close](#)[Ankle X-Ray](#)[Bone Density Scan](#)[Chest X-Ray](#)[CT - Abdomen](#)[CT - Chest](#)[CT - Pelvis](#)[Foot X-Ray](#)[Knee X-Ray](#)[Mammogram](#)[MRI - Back](#)[MRI - Brain](#)

[MRI - Knee](#)

[MRI - Pelvis](#)

[Myocardial Imaging](#)

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+ **Surgical Procedures**

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NHID HealthCost Analysis Methodology

Background

Below is a description of the methodology for calculating the estimated costs for health care services reported in the New Hampshire Insurance Department (NHID) HealthCost website. The estimates are based on the median amounts paid (by both the insurance carrier and the patient) using claims data from the New Hampshire Comprehensive Health Information System (NHCHIS) database. The cost amount is often referred to as the "allowed rate" of payment to health care providers.

It has been well documented in the published literature that there is substantial variation in the cost of health care, even when provided by the same provider. There are many factors that contribute to the variation, and the NHID uses several tools to help address these issues when reporting "costs" to the patient. When the patient is insured, the cost to the patient for covered services is based on a contract between the provider and the insurance company. When the patient is not insured, or the services are not covered under the patient's health plan, the cost is based on charges minus any discount the provider offers uninsured patients.

The methodology used in HealthCost is consistent across payers and providers by treatment type. So, the same selection and exclusion criteria for including or removing any observations is based on statistical measures and calculations that are consistently applied from one provider to another and from one payer to another.

Included Costs

The focus is on the total cost and the difference in total costs to the patient between providers who provide a similar service. The cost to the patient is a combined total that does not distinguish between what is paid to the hospital (or clinic, ambulatory surgery center, or any other facility), and each physician or multiple physicians who treat the patient. The "lead provider" associated with the costs is considered to be the most easily recognized entity that care is received from. In many cases, it is a hospital, even though the patient actually receives treatment from several different physicians who could also be considered the provider of care. The overall cost is determined by several variables, including: the treatment provided, the contract between the insurer and the lead provider, contracts with all other providers the patient is treated by, the volume of primary and incidental services provided (both those necessary and unnecessary), the typical illness burden of patients treated by the provider(s), and how efficient the providers are.

Calculation of Cost Estimate

The median treatment cost based on patient experience is reported instead of the average. Consistent with the purpose of HealthCost, the median is a better measure of central tendency when predicting the cost liability to the patient and health plan. The median is influenced less than the average by outlier observations that may skew the results. The median also makes determining actual contract terms for payments between the insurer and the provider more difficult.

In this example, both Insurance carriers would have the same median cost reported in HealthCost:

Reimbursement Contract Rates		
Proportion of Patients at Make Believe Hospital	Insurance Company A	Insurance Company B
40%	\$90	\$90
50%	\$100	\$100

	10%	\$110	\$500
Median =		\$100	\$100
Average =		\$97	\$166
Total Annual Payments (1000 Visits) =		\$97,000	\$166,000

Based on the median, the reimbursement contracts appear identical. The average would be a more accurate representation of the "value" of the contract to the insurer and the provider. However, \$100 is a better estimate of the total cost for most patients, regardless of which insurance carrier they are covered by.

Variability

Whenever rates are reported, the NHID will include information on the variability of the rate. If the historical data show low variability, then this is indicated as *Precision of the Cost Estimate* = "HIGH." Likewise, if the data show extensive variation, the estimate will indicate the precision level is "LOW." When the precision level is low, the experience of an individual patient is more likely to be different than what is reported.

The measure of variation in the rate is based on the coefficient of variation for charges, including all payers, and the difference between the median charge for the insurance company product line and the overall median for all insurance companies and product lines at the provider identified. These values, both percentages, are summed together and translated into an ordinal scale. Like most ordinal scales, the distinction between the values at neighboring points on the scale is not necessarily the same. For instance, the range within Very Low and Low might be much less than that in Medium and High. The scale is determined based on how the variability compares to other reported insurance carrier LOB calculations within the health care service selected. The breakdown is based on percentiles, based on 75th, 50th, and 25th break points.

When variability in the data is high (*Precision of the Cost Estimate*="VERY LOW") and there are fewer than four patients in the analysis, then the output for that payer product line is not reported.

Risk Adjustment

Risk adjustment is used in HealthCost by adding a column called *Patient Complexity*. Risk adjustment provides a relative measure for the difference in the illness burden of patients in the analysis and treated by the selected providers. Risk adjustment can be used to explain why the historical costs at one provider may exceed that at another provider. Risk adjustment considers more than the diagnoses for the visit of interest. Instead, all of the diagnoses throughout the period of the analysis are considered so that the effect of multiple comorbidities can be considered in evaluating how one patient population differs from another. Examples of the conditions checked for in a patient's history are: congestive heart failure, epilepsy, primary pulmonary hypertension, diabetes, and cancer. Patient populations that average more comorbidities or have the most severe forms of disease are expected to need greater health care resources than a less complex patient population.

The application of risk adjustment is specific for the patients with the identified condition. For example, Hospital A attracts a very "average" patient population when all treatments are considered, but Hospital A attracts very complex patients for normal vaginal deliveries. When viewing the cost rates for deliveries, the Patient Complexity at Hospital A would be described as "HIGH."

The risk adjustment calculation is a relative index measure, where 1.00 is the mid point, and values above or below are a calculated difference in expected resource consumption. For the HealthCost website, the index measure is translated to an ordinal scale based on the index value when compared to other reported insurance carrier LOB calculations within the health care service selected. The breakdown is based on percentiles, using the 90th, 75th, 25th, and 10th separation points. Like most ordinal scales, the distinction between the values at neighboring points on the scale is not necessarily the same.

The rates provided in HealthCost are not risk adjusted. They are the actual calculated rates based on the NHCHIS data and the HealthCost algorithms. The risk adjustment field is provided in order to provide a possible explanation why the costs shown may be different than that of another provider.

Outliers

A process exists to remove outliers. Outliers are data values that do not represent the typical experience for a particular service at a particular provider location, and they

can exist for several reasons. In some cases the historical claims experience is incomplete. These circumstances may exist when the providers have not billed for all services, or the insurance carrier has not processed all of the claims submitted for the visit. Alternatively, human error may result in a particular service that is coded incorrectly. An extreme example might be a service related to a kidney transplant that is coded as a kidney stone removal. In this example the cost for the kidney stone removal would appear to be excessive. Because the median is calculated instead of the average, outliers have a small effect on the estimated costs reported in HealthCost, but they can have a substantial impact in the formula used to assess the variability in the rates.

Removal of the outliers takes place at two points. First, a ceiling for total charges in the analyses is established. The ceiling is where 95 percent of all charges fall below, across all providers. Observations above the ceiling are removed.

The second point where outliers are removed is after analyzing a specific provider's experience. Patients with total charges in the lowest one percentile or highest fifth percentile are removed from the analysis. The calculations of the percentiles is done using standard statistical conventions, so if the observation values do not vary much from each other, it is unlikely any will be removed.

Outpatient Procedures:

Records are selected based on the American Medical Association's Current Procedural Terminology (CPT) code. Since many of the codes are quite specific, a record count by CPT code is performed among codes that are for a similar service (e.g. all CPT codes for mammograms) and the frequency distribution is evaluated to see what are the most common procedures within the health care service. A review of the CPT code descriptions takes place, to determine what is the simplest and most easily recognized procedure by a layperson. A combination of frequency, simplicity, and consumer familiarity is used to determine which procedure code is selected to identify visits. When available, clinical insight is also considered.

Once the procedure code is selected, all other procedures, services, supplies, or other costs performed or other items billed on the same day are added together to compile a visit. This includes procedures performed by different providers. If there are any codes included that are known to dramatically impact the visit, but only performed some of the time, then that particular patient's entire visit is excluded from the analysis.

Individual patient records are summarized for the day of service so that total charges and total amounts paid by the insurance company and patient can be reported.

A lead provider is assigned to the visit as the one entity responsible for all of the treatment costs. This is necessary for comparison purposes, and is most often the facility where the procedure took place. If there is no facility, then it will be a physician's office or clinic.

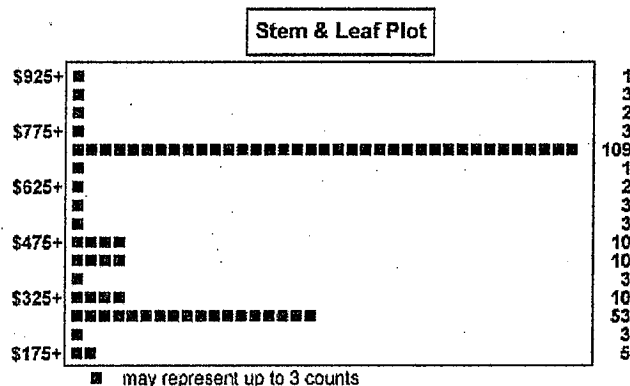
Prior to separating the data by payer (and payer insurance product), a statistical analysis of the data takes place. The number of observations, mean, median, mode, coefficient of variation, skewness, kurtosis, extreme observation values, and graphical distributions (stem leaf plot, boxplot, and normal probability plot) of the data are evaluated. The data are reviewed to determine whether the median can be a useful estimate of cost. Although median is reported, the evaluation of variability is around the mean. Data that are not considered acceptable are usually one of the following: not normally distributed, have a bimodal distribution, are unusually skewed, have a high kurtosis value, the mean is substantially less than the median, or there is a very high degree of variation.

The following is a real example of a diagnostic mammogram procedure that at this time we do not feel meets the criteria for inclusion in the HealthCost website (CPT 76091).

The summary statistics for one provider are:

N= 221
mean= \$546
median= \$703
mode= \$703

A graphical representation of the data looks like:



The numbers on the left represent the various charges for the procedures, and the numbers on the right the frequency. The frequency is also represented by the number of asterisks across from left to right. The first warning that there is a problem for HealthCost is that the mean is less than the median. Usually when looking at health care cost data, the distribution is skewed to the right, or positive. That means there are high cost outliers that pull the average charge up, even when the charges for most of the procedures are much lower. When the median exceeds the mean, this is a sign the distribution is not typical of what we would expect when looking at the data. If the distribution is not what we expect, then our assumptions in the model may not be correct.

The second major issue is that the distribution is bimodal in nature. A bimodal distribution typically indicates that the distribution is in fact the sum of two different distributions, each with a single notable peak. However, it can be difficult to find the differentiating factor between the samples in one distribution and those in the other. It may be the patient age, prior medical history, or any factor that may influence clinical judgement and the services provided. The summary statistics do not show the multiple charge distributions for this procedure code. Therefore, we cannot make a reliable prediction whether a patient will be faced with a procedure that has a charge close to \$775, or less than \$325.

After an initial statistical analysis, the data falling above the 95 percentile and below the one percentile are removed from the analysis.

After excluding any extreme observations, the statistical analysis is performed again, and the same measures are checked to see if there are problems with the data distribution. Since the median is the primary calculation of interest, removing outliers normally has a minimal impact to the reported figures. Calculation of the median charge and median allowed are then performed for each payer.

An additional review of the output takes place to determine if the results are reasonable. Unless it can be explained, major differences in charge amounts between payers for the same service would be considered an issue. We assume patients will not face different charges due to which insurance company they are covered by. Major deviations from the expected costs would also undermine the use of the payment data. Such deviations may include small insurance companies with dramatically lower payment rates, or unlikely differences between managed care and indemnity lines of business within the same insurer. Usually the smallest insurance companies have the least favorable contracts, and managed care insurance products have the deepest discounts.

The following is an example of how the data are selected to report on outpatient bilateral mammograms:

Inpatient mammograms are removed.

Patient records with a bilateral mammogram CPT code of 76092 (mammogram "screening") are selected. Then, anything else the provider(s) performed during the visit is bundled into the analysis.

All patients who had a bilateral mammogram 76091 ("mammogram diagnostic") or G0202 ("diagnostic digitization") on the same day are removed from the analysis. They are expected to cost more, inflate the results, and create comparability issues.

Patients with total charges exceeding the top five percentile (across all providers) are removed.

Patients with total charges in the lowest one percentile or highest fifth percentile are removed from the analysis (specific to the provider organization).

Results are reviewed the median calculations are checked for reasonableness.

Inpatient Admissions

The primary difference between inpatient and outpatient analyses are the criteria for selecting patients, and the bundling of claim records over several days.

For admissions that are considered "medical" in nature, rather than surgical, patients are selected based on the primary diagnosis instead of a procedure code. The primary diagnosis codes are chosen using the Medicare Diagnosis Related Groups (DRG) clustering methodology.

For surgical admissions, the patients will be selected based on a procedure code.

Building an admission is performed by combining all claims that take place within a day of one another, when there is at least one claim on any of the days with a primary diagnosis code included within the DRG diagnosis assignment. Bundling also considers the admission date and discharge date when those fields are available.

Although a bundling of claim records takes place on both the inpatient and outpatient basis, we do not consider this to be an "episode" of care. The more common definition of an episode of care includes all visits and treatment for a particular condition, often over several weeks or months. HealthCost focuses solely on a single health care visit or admission, not the whole episode of care.

Updated 2.16.2007

This website was developed by New Hampshire Health Information Center, NH Institute for Health Policy and Practice, and websolutions for the New Hampshire Insurance Department in conjunction with the Department of Insurance Advisory Council



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Frequently Asked Questions

+ Why Should I Purchase Health Insurance?

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Health insurance protects you from incurring high health care costs in two ways. One is by providing protection from unexpected sickness or injury, and the other is by providing you with the opportunity to obtain health care services at a substantially discounted cost.

Why Do I Need to Know the Price Charged for Health Care Services?

The price charged by providers of health care services varies considerably. An insured and uninsured person pay different prices for the same service. The price charged may also vary depending by insurance carrier and by provider. Health insurance carriers negotiate the price that they will pay for healthcare services with the providers of the services. The negotiated price varies by both provider and insurer.

The prices negotiated by the health insurance carriers for services are substantially discounted from the list price, or charge rate, for the service. This is the rate that you will pay if you are uninsured and not entitled to a discount based on your income level or prompt payment. In many instances, the discounted price negotiated by the insurance carrier may be less than 50% of the list price, or charge rate, for the service. When you purchase health insurance, you obtain the right to pay for services covered by your insurance policy at the discounted rate negotiated by your insurance carrier. If your policy has a high deductible or requires that you pay a certain percentage of the cost of a health care service, you will pay for the services that are covered by your policy at the discounted rate negotiated by the carrier. If you do not have insurance, and do not meet the eligibility guidelines for discounted pricing from the charge rate, the price of the service will be substantially higher.

It is important to understand that health insurance is the means by which health care services are most commonly accessed. Without health insurance your access to health care and obtaining necessary care is more difficult. By purchasing health coverage, you improve your access to health care and obtain the benefit of the discounted prices for the services negotiated by the carriers.

How Does Health Insurance Improve My Access to Health Care Services?

Health insurance has systems in place to improve access to care and process the billing for the services. These systems include:

- Systems that pay the provider directly instead of reimbursing you;
- Systems to ensure that you receive the benefit of the insurance carrier's discounted pricing arrangements with the health care providers;
- Disease management programs for chronic illnesses; and
- Medical case management systems that follow your medical treatment during and after a hospital stay.

Where do people get health insurance?

Employer Coverage

Most Americans get their health insurance through their jobs or are covered because a family member has insurance at work. In many cases, the employer pays a substantial portion of the cost through monthly premiums. Depending on the specific coverage, an employee may have substantial out-of-pocket costs due to the cost sharing arrangements in the coverage provided.

Types of Coverage

Employers offer different types of plans. An indemnity plan, a health maintenance organization (HMO), or a preferred provider organization (PPO) are the most common. Newer types of plans and coverage such as Health Savings Accounts or High Deductible Health Plans are emerging in New Hampshire's insurance market. When you leave your job, you lose your right to obtain health insurance through your employer. It may be possible to maintain similar coverage under a federal law called COBRA or under New Hampshire's state continuation law, but you will have to pay the entire premium (employer and employee portions) yourself. The COBRA or continuation premium will typically include an administrative surcharge of 2% in addition to the base premium.

Not all employers offer health insurance. If your employer does not offer health insurance, you should consider purchasing individual insurance.

Individual Coverage

If your employer does not offer group insurance, or if the insurance offered does not meet your needs, you may choose to purchase an individual policy.

Before you buy a health insurance policy, make sure you know what it will pay for. To find out about individual health insurance plans, you can call insurance companies, HMOs, and PPOs in your community, or speak to a licensed insurance broker.

When evaluating individual insurance:

- Review the policy carefully. Contact different insurance companies, or ask your licensed insurance broker to show you policies from several insurers so you can compare them.
- Make sure the insurance protects you from large medical costs.
- Check to see that the policy states the date that the policy will begin paying (some have a waiting period before coverage begins), and what is covered or excluded from coverage. Some policies may also have pre-existing condition clauses.
- Check to see if you have an evaluation period. Most companies give you at least 10 days to look over your policy after you receive it to decide if you want to cancel and have your premium refunded.
- Check to see whether the policy is a Limited Benefit Policy. A limited benefit policy does not provide comprehensive medical coverage and may not provide protection for catastrophic medical costs. A limited benefit policy also may not allow you to obtain health care services at a discounted cost. The rates for limited benefit coverage are often much lower than a traditional insurance policy due to offering limited coverage. You should carefully read and understand these policy offerings before signing up for them.

What is "member contribution?"

This is what you pay to purchase insurance coverage through your employer. This is different from deductibles, co-insurance, or co-pays. This is the portion of the monthly premium that you are responsible for, and is usually deducted directly from your paycheck. You may be responsible for paying additional costs in deductibles, co-insurance, or co-pays when you use your coverage.

+ What types of health insurance plans are available?

Choose the plan that meets both your needs and your budget. Often, this means evaluating the benefits of the plan against the cost of the plan. Managed care plans generally provide comprehensive coverage at the lowest cost, but may

restrict you to a network of physicians and/or prohibit direct access to specialists.

Although some health plans are called "organizations," those plans generally are indistinguishable from coverage offered by insurance carriers. The major types of health plans include:

- **Indemnity** – There are few restrictions on what providers you can see, and little involvement from the health insurance company in managing your care.
- **Preferred Provider Organization (PPO)** – This type of policy places some restrictions on where you obtain health care. In a PPO, there are a limited number of doctors and hospitals to choose from although broader than a typical HMO. When you use those providers (sometimes called "preferred" providers, other times called "network" providers), most of your medical bills are likely to be covered. When you do not use a preferred provider, you receive some insurance coverage, but at a generally higher cost.
- **Point of Service (POS)** – This type of plan is closely related to an HMO. In a POS, you may access specialists and obtain other medical services without a referral, but your financial liability will be greater than in a more restrictive managed care product.
- **Health Maintenance Organization (HMO)** – This type of policy is the most restrictive kind of health insurance. One physician or nurse practitioner is designated to serve as your primary care doctor, and that person provides most of your medical care, including referring you to specialists and other health care professionals as needed. Insurance coverage is not available if you elect to see a specialist without a referral from your primary care doctor.

The following table is a side-by-side comparison of key features of the different types of plans.

Plan Type	Limited Provider Network	Primary Care Physician (PCP) Required	Specialist Referrals Required
Indemnity	None	None	None
Preferred Provider Organization (PPO)	None	Yes, but typically a national network	Yes, but by paying higher amounts at the time of service you can access a broader network
Point-of-Service (POS)	Typically has an in-network and and out-of-network benefit plan	Yes, for in-network benefit	Yes for in-network benefits and No for out-of-network benefits,
Health Maintenance Organization (HMO)	None	Yes	For in-network benefits

✦ **What is consumer-driven health care?**

[close](#)

Consumer driven health care is a term used to refer to health plans that are designed to change health care consumption patterns by creating more educated and empowered consumers through benefit design and information tools. Consumer driven health care recognizes that high deductible plans combined with higher amounts of co-insurance shift more financial responsibility to the patient. Accordingly, consumer driven health care promotes access to better information on both the price and quality of health care services. This is typically provided through websites that allow consumers to see pricing and quality information for different health care services from different providers. Often, high deductible plans that are compatible with Health Savings Accounts are sold as consumer driven health care plans.

What is price transparency?

Price transparency means that patients or consumers will know the approximate cost of health care services before they receive care. If patients and consumers have this information, they can decide where to obtain care and at what cost. The

purpose of the HealthCost website is to provide this kind of price information.

What is a high deductible health plan (HDHP)?

This is a health insurance policy with a higher annual deductible than traditional health policies. The policy is generally considered a high deductible health plan when the deductible is at least \$1,000 for self-only coverage, or \$2,000 for family coverage. Any type of health insurance plan (e.g. HMO, POS, PPO, or Indemnity) may incorporate a high deductible benefit design into the plan.

What is a health savings account (HSA)?

A HSA is a tax-exempt account that belongs to you that you can use to pay for health care expenses. The funds may be used to pay for your plan deductible and/or other qualified medical expenses that do not count towards your deductible. HSAs are available to members who enroll in a high deductible health plan that meets the requirements established by the Internal Revenue Service. The amount deposited in the account may not exceed the amount of your deductible.

The features of an HSA include:

- Your HSA contributions are tax-deductible.
- Interest earned on your account is tax-free.
- Withdrawals for qualified medical expenses are tax-free.
- Unused funds and interest are carried over, without limit, from year to year.
- You own the money in HSA and it is yours — even when you change plans or retire.
- Your HSA is administered by a trustee/custodian.

What is a health reimbursement account (HRA)?

An HRA is an employer funded tax-free account that reimburses employees for qualified medical care expenses, which are typically combined with a HDHP. The employer determines whether to allow employees to roll over unused funds from year to year, and whether to allow terminated employees to spend their unused balances. The account belongs to the employer and the employer has no legal obligation to transfer the funds from the account to the employee.

What is a flexible spending account (FSA)?

Health care flexible spending accounts are established by your employer to reimburse you for specified medical expenses. These accounts are allowed under section 125 of the Internal Revenue Code and are also referred to as "cafeteria plans" or "125 plans." Separate accounts can be set up to cover each of the following types of expenses:

1. Health insurance premiums (known as a "premium-only plan").
2. Qualified medical expenses.
3. Dependent care expenses.

+ Patient Liabilities

As a way to control costs, your employer and insurance company expect that you will pay a portion of the cost when you seek medical services. This cost sharing is known as a "patient liability". The following are examples of the typical types of cost sharing:

Co-payment

The co-payment (co-pay) is a flat payment amount that you are responsible for at the time of service, and is usually a nominal fee paid toward the expense of providing care. Typically, co-pays are collected for physician visits, eye exams, pharmaceuticals, emergency room visits, and some diagnostic tests. They can range from \$5.00-\$30.00 for an office visit and up to several hundred dollars for an emergency room visit or a diagnostic test. This amount is paid each time you obtain a particular medical service. Pharmacy co-pays are often sold as "two tier"

or "three tier" whereby you pay a different amount depending on whether it is a generic or non-generic drug.

Deductible

The deductible is the amount you owe for health care services you receive during the year. Your health insurance company will not pay anything for your health care until you have paid the amount of your deductible. If your deductible is \$500, you will need to pay \$500 before the insurance company pays anything. What you pay toward your deductible is tracked from the first day your policy is in effect. If the policy starts January 1, nothing that you have paid prior to January 1 counts toward the \$500 deductible. There are often different deductibles for different types of care. An example would be a \$100 deductible on pharmacy services, or a separate deductible for lab and radiology services.

The amount you pay for the deductible does not reduce what you may owe for co-insurance or co-pays.

Co-insurance

Co-insurance is the percentage of the amount paid to a health care provider that you are responsible for. For example, if your co-insurance is twenty percent, you will pay twenty percent of the total amount of the health care service that your health insurer pays the provider, and your health insurer will pay the remaining eighty percent.

Often there is a maximum annual out-of-pocket expense in a policy. This amount, if provided for in your health insurance policy and commonly referred to as "out-of-pocket maximum," may limit your co-insurance payment.

How are Deductibles, Co-insurance, and Co-pays calculated?

Deductibles, co-insurance and co-pays are calculated based on your benefit design (your health insurance policy) and for covered services the negotiated price that the insurance company and the health care provider agree the health care provider will be reimbursed for services. These amounts can vary considerably among different types of insurance policies and different carriers.

The deductible will be paid first, followed by co-insurance. Co-pays are handled separately from the deductible and the co-insurance, and apply to specified services each time that service is purchased. If for example you have a \$15 co-pay for pharmacy but you have a \$100 deductible as well, you would pay the entire cost of the prescription until you have spent \$100 and then you would be charged the \$15 co-pay. Both deductibles and co-pays, however, are applied to out-of-pocket maximum (see below).

What is an "out-of-pocket" maximum?

"Out-of-pocket" refers to the amount you pay for services you receive, through a deductible, co-insurance, or co-pay, exclusive of what you pay in premiums. Once out-of-pocket expenses reach a specified limit in a single policy year, the health plan will pay the remaining costs for the rest of the period covered by the 12 month policy period. The out-of-pocket maximum will differ depending on your insurance carrier and the insurance coverage you have. Some carriers exclude specific costs such as costs incurred for services that are not covered by the policy, or have different maximums for care provided by network and non-network providers. Out-of-pocket cap levels typically range from \$1,000 to \$5,000 per person. Not all insurance plans have an out-of-pocket maximum.

Why do I need to know the negotiated price of services?

Deductibles, co-insurance, and co-pays, referred to as "patient liabilities," are calculated based on the negotiated amount that the insurance company has agreed to pay a health care provider. These agreements are made well in advance of the point in time when you receive care. In some cases, the insurance company has agreed to pay a percent of charges. In other instances, the payment is not based on charges, but based on a set price for the medical diagnosis or the service performed.

Because different insurance companies pay providers based on different

agreements, your liability as a patient will be different depending on the insurance company, insurance policy (i.e., indemnity, PPO, POS, or HMO), and health care provider you select.

Why don't insurance companies pay what hospitals and physicians charge for their services?

There are many reasons insurance companies do not pay full charges. In many instances, charges do not reflect actual costs of the physician or hospital. Charges also may vary dramatically among health care providers that provide the same service. For example, one hospital may charge double what another one does for the same service. In that same example one insurance carrier may pay less than another for the same service.

Health insurers negotiate with health care providers to determine what they will pay for health care services. Carriers often obtain discounts from health care providers because of the volume of business that they bring to that provider. The important thing to remember is that if you have insurance, you are receiving a better price than if you do not have insurance.

Am I likely to pay more out-of-pocket expenses if I have a high deductible plan?

A high deductible is just one aspect of determining how much you will pay for health care. Typically, increasing the deductible is an effective way for an insurance company to offer health insurance coverage at an affordable rate. Although you will be responsible for all of the costs up to your deductible, you need to review how much you may pay for co-insurance and co-pays to determine what your total liability might be. The amount of out-of-pocket expense you will pay depends on the services you incur.

For example, if you have one \$10,000 admission and a \$1,500 deductible health policy (and no co-insurance), you would pay \$1,500. This would be less than you would pay with a twenty percent co-insurance plan (\$2,000) and no deductible.

How do I choose the best health insurance offering?

It's important to understand that most health coverage plans provide "managed care" coverage. Traditional indemnity plans (also called "fee for service") insurance, where patients chose their own doctors, pay for their care, and receive reimbursement by their insurance company for some or all of their doctor's bills are not the norm.

When reviewing a health insurance policy, you should consider the following:

- How important is having complete freedom to choose doctors and hospitals, even if it costs more?
- Do you travel a lot or have children that live away from home and need to see doctors in other parts of the country?
- Do you want a health plan that includes routine and preventive care?
- Do you have an established relationship with a primary care doctor? Would you object to seeing this person each time to obtain a referral to a specialist?
- What care do you know you will need in the future? How accessible and expensive will obtaining that care be under the available insurance offerings?

The differences among indemnity plans, HMOs, and PPOs are not as clear-cut as they once were. Indemnity plans have adopted some of the features used by HMOs and PPOs to control the use of medical services. HMOs and PPOs now offer more freedom to choose doctors because most doctors and hospitals are in their networks. You should study your health insurance options carefully to determine the one that provides you with the coverage you need.

This website was developed by New Hampshire Health Information Center, NH Institute for Health Policy and Practice, and websolutions for the New Hampshire Insurance Department in conjunction with the Department of Insurance Advisory Council



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Anthem Blue Cross
Blue Shield
Assurant
Atlantic Plans
Bedford Surgical
Center
CGI Employee Benefits
Group
CIGNA Healthcare of
NH
Concord Orthopedics
Dartmouth-Hitchcock
Medical Center
Harvard Pilgrim
Healthcare
Insurance Agents of
NH
IPG Benefits
Monadnock
Community Hospital

New England
Employee Benefits
Company
NH Business and
Industry Association
NH Center for Public
Policy Studies
NH Department of
Health and Human
Services
NH Institute for Health
Policy and Practice
NH Insurance
Department
NH Medical Society
Patriot Healthcare
Rath, Young and
Pignatelli, P.A.
University of New
Hampshire
Department of Health
Management and
Policy

Please direct any questions or comments to:
Tyler Brannen
Department of Insurance
21 South Fruit St, Suite 14

Concord, NH 03301
(603) 271-7973
Tyler J. Brannen

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Resources

The following New Hampshire organizations' web sites are provided for additional information about health care pricing:

- [New Hampshire Center for Public Policy Studies](#)
- [New Hampshire Comprehensive Health Care Information System](#)
- [New Hampshire Department of Health and Human Services](#)
- [New Hampshire Department of Insurance](#)
- [New Hampshire Hospital Association's PricePoint](#)
- [New Hampshire Institute for Health Policy and Practice](#)

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COLONOSCOPY

[Deductible- \$1,500 Co-Pay- 0%]

[The website allows you to enter any deductible and co-pay amount for your review]

- ANTHEM HMO
- CIGNA HMO
- HARVARD PILGRIM HMO
- MEGA INDEMNITY
- UNINSURED

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Thursday, May 17, 2007

Detailed estimates for Colonoscopy

Procedure: Colonoscopy
 Insurance Plan: Anthem - NH, Health Maintenance Organization (HMO)
 Within: 50 miles of 03801
 Deductible and Coinsurance Amount: \$1,500.00 / 0%

Lead Provider Name	Estimate of What you Will Pay	Estimate of What Insurance Will Pay	Estimate of Combined Payments	Precision of the Cost Estimate	Typical Patient Complexity	Contact Info
PARKLAND MEDICAL CENTER	\$1162	\$0	\$1162	LOW	MEDIUM	<u>PARKLAND MEDICAL CENTER</u> 603.432.1500
DARTMOUTH HITCHCOCK SOUTH	\$1274	\$0	\$1274	LOW	LOW	<u>DARTMOUTH HITCHCOCK SOUTH</u> 603.650.5000
SALEM SURGERY CENTER	\$1311	\$0	\$1311	MEDIUM	HIGH	<u>SALEM SURGERY CENTER</u> 603.898.3610
* SPEARE MEMORIAL HOSPITAL	\$1321	\$0	\$1321	HIGH	MEDIUM	<u>SPEARE MEMORIAL HOSPITAL</u> 603.536.1120
BEDFORD AMBULATORY SURGICAL C	\$1377	\$0	\$1377	LOW	MEDIUM	<u>BEDFORD AMBULATORY SURGICAL C</u> 603.622.3670
CONCORD HOSPITAL	\$1460	\$0	\$1460	VERY LOW	VERY HIGH	<u>CONCORD HOSPITAL</u> 603.228.7145
LAKES REGION GENERAL HOSPITAL	\$1500	\$123	\$1623	LOW	MEDIUM	<u>LAKES REGION GENERAL HOSPITAL</u> 603.527.7171
FRISBIE MEMORIAL HOSPITAL	\$1500	\$126	\$1626	LOW	HIGH	<u>FRISBIE MEMORIAL HOSPITAL</u>
PORTSMOUTH REGIONAL HOSPITAL - HCA AFFIL	\$1500	\$213	\$1713	MEDIUM	MEDIUM	<u>PORTSMOUTH REGIONAL HOSPITAL - HCA AFFIL</u> 603.436.5110
SOUTHERN NH MEDICAL CENTER	\$1500	\$309	\$1809	LOW	HIGH	<u>SOUTHERN NH MEDICAL CENTER</u> 603.577.2000
WENTWORTH DOUGLASS HOSPITAL	\$1500	\$364	\$1864	MEDIUM	HIGH	<u>WENTWORTH DOUGLASS HOSPITAL</u> 603.742.5252
						<u>CATHOLIC</u>

	CATHOLIC MEDICAL CENTER	\$1500	\$432	\$1932	VERY LOW	MEDIUM	MEDICAL CENTER 800.437.9666
*	ST JOSEPH HOSPITAL	\$1500	\$520	\$2020	HIGH	MEDIUM	ST JOSEPH HOSPITAL 603.882.3000
	ELLIOT HOSPITAL	\$1500	\$786	\$2286	MEDIUM	MEDIUM	ELLIOT HOSPITAL 603.669.5300
	HUGGINS HOSPITAL	\$1500	\$804	\$2304	LOW	LOW	HUGGINS HOSPITAL 603.569.7500
*	EXETER HOSPITAL	\$1500	\$874	\$2374	HIGH	MEDIUM	EXETER HOSPITAL 603.778.7311
<p>Lead Provider This is the single entity that all health care procedure costs are assigned to in HealthCost. Even when separate payments are made to a physician and a hospital, the estimated payment amount is the combined total amount paid. When a Lead Provider is not listed in the results, we do not have sufficient data to calculate an estimate.</p> <p>Estimate of What You Will Pay – This figure represents out of pocket payments you may be required to pay based upon your health coverage, your deductible, and your coinsurance. Deductibles and co-insurance are paid after the service is provided.</p> <p>Estimate of What Insurance Will Pay – This figure represents the payment made by your insurance company to the health care provider.</p> <p>Estimate of Combined Payments – This figure represents the combined amount that the health care provider receives from you as a patient and from your insurance company.</p> <p>Precision of the Cost Estimate – This is an indication of how accurate, based upon statistical analysis and historical experience, the cost estimate is. A lower precision means that there is a greater likelihood that the amount of your bill will differ from the cost estimate. A high precision means that the amount of your bill will have a greater likelihood of being close to the cost estimate. Some estimates are more precise than others because the amount charged for the procedure across all patients is more uniform. When the amount charged for a procedure or services across all patients varies considerably, it is more difficult to estimate an expected cost for the procedure or service, and as result, the cost estimate is less precise.</p> <p>Typical Patient Complexity – This is an indication of how healthy or sick the patients are that are seen for this particular procedure at this health care provider. Some health care providers see sicker patients, or patients that are more complex, and thus there may be more costs associated with treating them.</p>							

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Thursday, May 17, 2007

Detailed estimates for ColonoscopyProcedure: Colonoscopy

Insurance Plan: CIGNA, Health Maintenance Organization (HMO)

Within: 50 miles of 03801

Deductible and Coinsurance Amount: \$1,500.00 / 0%

Lead Provider Name	Estimate of What you Will Pay	Estimate of What Insurance Will Pay	Estimate of Combined Payments	Precision of the Cost Estimate	Typical Patient Complexity	Contact Info
SALEM SURGERY CENTER	\$886	\$0	\$886	MEDIUM	HIGH	SALEM SURGERY CENTER 603.898.3610
* SPEARE MEMORIAL HOSPITAL	\$991	\$0	\$991	HIGH	MEDIUM	SPEARE MEMORIAL HOSPITAL 603.536.1120
CATHOLIC MEDICAL CENTER	\$1129	\$0	\$1129	LOW	MEDIUM	CATHOLIC MEDICAL CENTER 800.437.9666
FRISBIE MEMORIAL HOSPITAL	\$1229	\$0	\$1229	LOW	HIGH	FRISBIE MEMORIAL HOSPITAL
DARTMOUTH HITCHCOCK SOUTH	\$1314	\$0	\$1314	LOW	LOW	DARTMOUTH HITCHCOCK SOUTH 603.650.5000
BEDFORD AMBULATORY SURGICAL C	\$1346	\$0	\$1346	VERY LOW	MEDIUM	BEDFORD AMBULATORY SURGICAL C 603.622.3670
CONCORD HOSPITAL	\$1396	\$0	\$1396	VERY LOW	VERY HIGH	CONCORD HOSPITAL 603.228.7145
PARKLAND MEDICAL CENTER	\$1441	\$0	\$1441	LOW	MEDIUM	PARKLAND MEDICAL CENTER 603.432.1500
LAKES REGION GENERAL HOSPITAL	\$1500	\$114	\$1614	VERY LOW	MEDIUM	LAKES REGION GENERAL HOSPITAL 603.527.7171
HUGGINS HOSPITAL	\$1500	\$225	\$1725	MEDIUM	LOW	HUGGINS HOSPITAL 603.569.7500
WENTWORTH DOUGLASS HOSPITAL	\$1500	\$416	\$1916	MEDIUM	HIGH	WENTWORTH DOUGLASS HOSPITAL 603.742.5252
SOUTHERN NH MEDICAL CENTER	\$1500	\$449	\$1949	LOW	HIGH	SOUTHERN NH MEDICAL CENTER 603.577.2000

	ELLIOT HOSPITAL	\$1500	\$451	\$1951	MEDIUM	MEDIUM	ELLIOT HOSPITAL 603.669.5300
*	PORTSMOUTH REGIONAL HOSPITAL - HCA AFFIL	\$1500	\$546	\$2046	HIGH	MEDIUM	PORTSMOUTH REGIONAL HOSPITAL - HCA AFFIL 603.436.5110
*	ST JOSEPH HOSPITAL	\$1500	\$560	\$2060	HIGH	MEDIUM	ST JOSEPH HOSPITAL 603.882.3000
	EXETER HOSPITAL	\$1500	\$656	\$2156	HIGH	MEDIUM	EXETER HOSPITAL 603.778.7311
	CONCORD ORTHOPAEDIC SURGERY CENTER	\$1500	\$880	\$2380	LOW	VERY LOW	CONCORD ORTHOPAEDIC SURGERY CENTER 603.415.9460

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Estimate of What You Will Pay - This figure represents out of pocket payments you may be required to pay based upon your health coverage, your deductible, and your coinsurance. Deductibles and co-insurance are paid after the service is provided.

Estimate of What Insurance Will Pay - This figure represents the payment made by your insurance company to the health care provider.

Estimate of Combined Payments - This figure represents the combined amount that the health care provider receives from you as a patient and from your insurance company.

Precision of the Cost Estimate - This is an indication of how accurate, based upon statistical analysis and historical experience, the cost estimate is. A lower precision means that there is a greater likelihood that the amount of your bill will differ from the cost estimate. A high precision means that the amount of your bill will have a greater likelihood of being close to the cost estimate. Some estimates are more precise than others because the amount charged for the procedure across all patients is more uniform. When the amount charged for a procedure or services across all patients varies considerably, it is more difficult to estimate an expected cost for the procedure or service, and as a result, the cost estimate is less precise.

Typical Patient Complexity - This is an indication of how healthy or sick the patients are that are seen for this particular procedure at this health care provider. Some health care providers see sicker patients, or patients that are more complex, and thus there may be more costs associated with treating them.

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Thursday, May 17, 2007

Detailed estimates for Colonoscopy

Procedure: Colonoscopy

Insurance Plan: Harvard Pilgrim HC, Health Maintenance Organization (HMO)

Within: 50 miles of 03801

Deductible and Coinsurance Amount: \$1,500.00 / 0%

Lead Provider Name	Estimate of What you Will Pay	Estimate of What Insurance Will Pay	Estimate of Combined Payments	Precision of the Cost Estimate	Typical Patient Complexity	Contact Info
PARKLAND MEDICAL CENTER	\$682	\$0	\$682	LOW	MEDIUM	<u>PARKLAND MEDICAL CENTER</u> 603.432.1500
BEDFORD AMBULATORY SURGICAL C	\$1074	\$0	\$1074	MEDIUM	MEDIUM	<u>BEDFORD AMBULATORY SURGICAL C</u> 603.622.3670
SALEM SURGERY CENTER	\$1096	\$0	\$1096	VERY LOW	HIGH	<u>SALEM SURGERY CENTER</u> 603.898.3610
DARTMOUTH HITCHCOCK SOUTH	\$1221	\$0	\$1221	LOW	LOW	<u>DARTMOUTH HITCHCOCK SOUTH</u> 603.650.5000
ELLIOT HOSPITAL	\$1243	\$0	\$1243	MEDIUM	MEDIUM	<u>ELLIOT HOSPITAL</u> 603.669.5300
ST JOSEPH HOSPITAL	\$1249	\$0	\$1249	HIGH	MEDIUM	<u>ST JOSEPH HOSPITAL</u> 603.882.3000
SOUTHERN NH MEDICAL CENTER	\$1284	\$0	\$1284	LOW	HIGH	<u>SOUTHERN NH MEDICAL CENTER</u> 603.577.2000
CONCORD HOSPITAL	\$1420	\$0	\$1420	VERY LOW	VERY HIGH	<u>CONCORD HOSPITAL</u> 603.228.7145
FRISBIE MEMORIAL HOSPITAL	\$1479	\$0	\$1479	LOW	HIGH	<u>FRISBIE MEMORIAL HOSPITAL</u>
PORTSMOUTH REGIONAL HOSPITAL - HCA AFFIL	\$1500	\$50	\$1550	MEDIUM	MEDIUM	<u>PORTSMOUTH REGIONAL HOSPITAL - HCA AFFIL</u> 603.436.5110
CATHOLIC MEDICAL CENTER	\$1500	\$140	\$1640	LOW	MEDIUM	<u>CATHOLIC MEDICAL CENTER</u> 800.437.9666
LAKES REGION GENERAL HOSPITAL	\$1500	\$156	\$1656	VERY LOW	MEDIUM	<u>LAKES REGION GENERAL HOSPITAL</u>

						603.527.7171
HUGGINS HOSPITAL	\$1500	\$347	\$1847	LOW	LOW	HUGGINS HOSPITAL 603.569.7500
WENTWORTH DOUGLASS HOSPITAL	\$1500	\$436	\$1936	MEDIUM	HIGH	WENTWORTH DOUGLASS HOSPITAL 603.742.5252
* EXETER HOSPITAL	\$1500	\$670	\$2170	HIGH	MEDIUM	EXETER HOSPITAL 603.778.7311

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Thursday, May 17, 2007

Detailed estimates for Colonoscopy

Procedure: Colonoscopy
 Insurance Plan: MEGA, Indemnity/Traditional Insurance
 Within: 50 miles of 03801
 Deductible and Coinsurance Amount: \$1,500.00 / 0%

Lead Provider Name	Estimate of What you Will Pay	Estimate of What Insurance Will Pay	Estimate of Combined Payments	Precision of the Cost Estimate	Typical Patient Complexity	Contact Info
LAKES REGION GENERAL HOSPITAL	\$1214	\$0	\$1214	VERY LOW	MEDIUM	<u>LAKES REGION GENERAL HOSPITAL</u> 603.527.7171
DARTMOUTH HITCHCOCK SOUTH	\$1500	\$262	\$1762	VERY LOW	LOW	<u>DARTMOUTH HITCHCOCK SOUTH</u> 603.650.5000
FRISBIE MEMORIAL HOSPITAL	\$1500	\$398	\$1898	LOW	HIGH	<u>FRISBIE MEMORIAL HOSPITAL</u>
* SPEARE MEMORIAL HOSPITAL	\$1500	\$518	\$2018	HIGH	MEDIUM	<u>SPEARE MEMORIAL HOSPITAL</u> 603.536.1120
ST JOSEPH HOSPITAL	\$1500	\$753	\$2253	LOW	MEDIUM	<u>ST JOSEPH HOSPITAL</u> 603.882.3000
WENTWORTH DOUGLASS HOSPITAL	\$1500	\$847	\$2347	MEDIUM	HIGH	<u>WENTWORTH DOUGLASS HOSPITAL</u> 603.742.5252
ELLIOT HOSPITAL	\$1500	\$1031	\$2531	MEDIUM	MEDIUM	<u>ELLIOT HOSPITAL</u> 603.669.5300
* EXETER HOSPITAL	\$1500	\$1091	\$2591	HIGH	MEDIUM	<u>EXETER HOSPITAL</u> 603.778.7311

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Friday, May 18, 2007

Detailed estimates for Colonoscopy

Procedure: Colonoscopy
 Within: 50 miles of 03801

Lead Provider Name	Median Charge Amount For Procedure	Median Charge Less 15% Uninsured Discount	Contact for Patient Financial Services
CATHOLIC MEDICAL CENTER	\$1583	\$1345.55	<u>CATHOLIC MEDICAL CENTER</u> 800.437.9666
BEDFORD AMBULATORY SURGICAL C	\$1974	\$1677.90	<u>BEDFORD AMBULATORY SURGICAL C</u> 603.622.3670
SPEARE MEMORIAL HOSPITAL	\$2049	\$1741.65	<u>SPEARE MEMORIAL HOSPITAL</u> 603.536.1120
PARKLAND MEDICAL CENTER	\$2156	\$1832.60	<u>PARKLAND MEDICAL CENTER</u> 603.432.1500
FRISBIE MEMORIAL HOSPITAL	\$2215	\$1882.75	<u>FRISBIE MEMORIAL HOSPITAL</u>
SALEM SURGERY CENTER	\$2437	\$2071.45	<u>SALEM SURGERY CENTER</u>

			603.898.3610
CONCORD HOSPITAL	\$2558	\$2174.30	CONCORD HOSPITAL 603.228.7145
PORTSMOUTH REGIONAL HOSPITAL - HCA AFFIL	\$2767	\$2351.95	PORTSMOUTH REGIONAL HOSPITAL - HCA AFFIL 603.436.5110
WENTWORTH DOUGLASS HOSPITAL	\$2770	\$2354.50	WENTWORTH DOUGLASS HOSPITAL 603.742.5252
DARTMOUTH HITCHCOCK SOUTH	\$2843	\$2416.55	DARTMOUTH HITCHCOCK SOUTH 603.650.5000
EXETER HOSPITAL	\$3013	\$2561.05	EXETER HOSPITAL 603.778.7311
LAKES REGION GENERAL HOSPITAL	\$3057	\$2598.45	LAKES REGION GENERAL HOSPITAL 603.527.7171
HUGGINS HOSPITAL	\$3079	\$2617.15	HUGGINS HOSPITAL 603.569.7500
ELLIOT HOSPITAL	\$3137	\$2666.45	ELLIOT HOSPITAL 603.669.5300
ST JOSEPH HOSPITAL	\$3270	\$2779.50	ST JOSEPH HOSPITAL 603.882.3000
CONCORD ORTHOPAEDIC SURGERY CENTER	\$3374	\$2867.90	CONCORD ORTHOPAEDIC SURGERY CENTER 603.415.9460
SOUTHERN NH MEDICAL CENTER	\$3431	\$2916.35	SOUTHERN NH MEDICAL CENTER 603.577.2000

Column Heading Definitions:

Lead Provider This is the single entity that all health care procedure costs are assigned to in HealthCost. Even when separate payments are made to a physician and a hospital, the estimated payment amount is the combined total amount paid. When a Lead Provider is not listed in the results, we do not have sufficient data to calculate an estimate.

Median Charge Amount is the median amount charged by the lead

health organization and physicians for the services rendered. The charge amount is in effect, the "list" price for the procedure.

15% Uninsured Discount This discount amount represents a typical uninsured discount currently offered by New Hampshire hospital providers. To learn more about specific programs, call the financial services phone number in the table above for a health care provider.

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ARTHROSCOPIC KNEE SURGERY

[Deductible- \$1,000 Co-Pay- 10%]

[The website allows you to enter any deductible and co-pay amount for your review]

- ANTHEM POINT OF SERVICE
- HARVARD PILGRIM POINT OF SERVICE
 - ANTHEM HMO
 - HARVARD PILGRIM HMO
 - MEGA INDEMNITY
 - UNINSURED

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Thursday, May 17, 2007

Detailed estimates for Arthroscopic Knee Surgery

Procedure: Arthroscopic Knee Surgery
 Insurance Plan: Anthem - NH, Point of Service (POS)
 Within: 50 miles of 03801
 Deductible and Coinsurance Amount: \$1,000.00 / 10%

Lead Provider Name	Estimate of What you Will Pay	Estimate of What Insurance Will Pay	Estimate of Combined Payments	Precision of the Cost Estimate	Typical Patient Complexity	Contact Info
CONCORD ORTHOPAEDIC SURGERY CENTER	\$1241	\$2177	\$3418	LOW	LOW	<u>CONCORD ORTHOPAEDIC SURGERY CENTER</u> 603.415.9460
BEDFORD AMBULATORY SURGICAL C	\$1252	\$2277	\$3529	MEDIUM	MEDIUM	<u>BEDFORD AMBULATORY SURGICAL C</u> 603.622.3670
NORTHEAST SURGICAL CENTER	\$1262	\$2360	\$3622	HIGH	LOW	<u>NORTHEAST SURGICAL CENTER</u> 603.431.5563
ELLIOT HOSPITAL	\$1295	\$2656	\$3951	LOW	VERY HIGH	<u>ELLIOT HOSPITAL</u> 603.669.5300
LAKES REGION GENERAL HOSPITAL	\$1307	\$2765	\$4072	MEDIUM	MEDIUM	<u>LAKES REGION GENERAL HOSPITAL</u> 603.527.7171
PARKLAND MEDICAL CENTER	\$1323	\$2909	\$4232	LOW	MEDIUM	<u>PARKLAND MEDICAL CENTER</u> 603.432.1500
SOUTHERN NH MEDICAL CENTER	\$1371	\$3344	\$4715	LOW	MEDIUM	<u>SOUTHERN NH MEDICAL CENTER</u> 603.577.2000
DARTMOUTH HITCHCOCK SOUTH	\$1417	\$3758	\$5175	VERY LOW	MEDIUM	<u>DARTMOUTH HITCHCOCK SOUTH</u> 603.650.5000
WENTWORTH DOUGLASS HOSPITAL	\$1443	\$3994	\$5437	LOW	HIGH	<u>WENTWORTH DOUGLASS HOSPITAL</u> 603.742.5252
* PORTSMOUTH AMBULATORY SURGERY CENTER	\$1444	\$4005	\$5449	HIGH	MEDIUM	<u>PORTSMOUTH AMBULATORY SURGERY CENTER</u> 603.433.0941
FRISBIE MEMORIAL HOSPITAL	\$1498	\$4490	\$5988	MEDIUM	MEDIUM	<u>FRISBIE MEMORIAL HOSPITAL</u>
ST JOSEPH						<u>ST JOSEPH</u>

HOSPITAL	\$1506	\$4556	\$6062	LOW	HIGH	HOSPITAL 603.882.3000
EXETER HOSPITAL	\$1617	\$5558	\$7175	HIGH	MEDIUM	EXETER HOSPITAL 603.778.7311

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Thursday, May 17, 2007

Detailed estimates for Arthroscopic Knee Surgery

Procedure: Arthroscopic Knee Surgery

Insurance Plan: Harvard Pilgrim HC, Point of Service (POS)

Within: 50 miles of 03801

Deductible and Coinsurance Amount: \$1,000.00 / 10%

Lead Provider Name	Estimate of What you Will Pay	Estimate of What Insurance Will Pay	Estimate of Combined Payments	Precision of the Cost Estimate	Typical Patient Complexity	Contact Info
CONCORD ORTHOPAEDIC SURGERY CENTER	\$1248	\$2237	\$3485	MEDIUM	LOW	<u>CONCORD ORTHOPAEDIC SURGERY CENTER</u> 603.415.9460
SOUTHERN NH MEDICAL CENTER	\$1494	\$4453	\$5947	LOW	MEDIUM	<u>SOUTHERN NH MEDICAL CENTER</u> 603.577.2000

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Thursday, May 17, 2007

Detailed estimates for Arthroscopic Knee Surgery

 Procedure: Arthroscopic Knee Surgery

Insurance Plan: Anthem - NH, Health Maintenance Organization (HMO)

Within: 50 miles of 03801

Deductible and Coinsurance Amount: \$1,000.00 / 10%

Lead Provider Name	Estimate of What you Will Pay	Estimate of What Insurance Will Pay	Estimate of Combined Payments	Precision of the Cost Estimate	Typical Patient Complexity	Contact Info
SALEM SURGERY CENTER	\$1218	\$1967	\$3185	HIGH	VERY LOW	<u>SALEM SURGERY CENTER</u> 603.898.3610
CONCORD ORTHOPAEDIC SURGERY CENTER	\$1242	\$2179	\$3421	MEDIUM	LOW	<u>CONCORD ORTHOPAEDIC SURGERY CENTER</u> 603.415.9460
DARTMOUTH HITCHCOCK SOUTH	\$1247	\$2225	\$3472	LOW	MEDIUM	<u>DARTMOUTH HITCHCOCK SOUTH</u> 603.650.5000
SPEARE MEMORIAL HOSPITAL	\$1250	\$2259	\$3509	LOW	MEDIUM	<u>SPEARE MEMORIAL HOSPITAL</u> 603.536.1120
BEDFORD AMBULATORY SURGICAL C	\$1252	\$2277	\$3529	MEDIUM	MEDIUM	<u>BEDFORD AMBULATORY SURGICAL C</u> 603.622.3670
NORTHEAST SURGICAL CENTER	\$1262	\$2358	\$3620	HIGH	LOW	<u>NORTHEAST SURGICAL CENTER</u> 603.431.5563
LAKES REGION GENERAL HOSPITAL	\$1324	\$2917	\$4241	MEDIUM	MEDIUM	<u>LAKES REGION GENERAL HOSPITAL</u> 603.527.7171
HUGGINS HOSPITAL	\$1328	\$2961	\$4289	LOW	MEDIUM	<u>HUGGINS HOSPITAL</u> 603.569.7500
SOUTHERN NH MEDICAL CENTER	\$1372	\$3350	\$4722	MEDIUM	MEDIUM	<u>SOUTHERN NH MEDICAL CENTER</u> 603.577.2000
CATHOLIC MEDICAL CENTER	\$1387	\$3489	\$4876	LOW	MEDIUM	<u>CATHOLIC MEDICAL CENTER</u> 800.437.9666
WENTWORTH DOUGLASS HOSPITAL	\$1392	\$3536	\$4928	MEDIUM	HIGH	<u>WENTWORTH DOUGLASS HOSPITAL</u> 603.742.5252
						<u>PORTSMOUTH</u>

	PORTSMOUTH REGIONAL HOSPITAL - HCA AFFIL	\$1421	\$3793	\$5214	LOW	HIGH	REGIONAL HOSPITAL - HCA AFFIL 603.436.5110
*	PORTSMOUTH AMBULATORY SURGERY CENTER	\$1449	\$4042	\$5491	HIGH	MEDIUM	PORTSMOUTH AMBULATORY SURGERY CENTER 603.433.0941
	PARKLAND MEDICAL CENTER	\$1465	\$4188	\$5653	MEDIUM	MEDIUM	PARKLAND MEDICAL CENTER 603.432.1500
	ST JOSEPH HOSPITAL	\$1469	\$4227	\$5696	LOW	HIGH	ST JOSEPH HOSPITAL 603.882.3000
*	FRISBIE MEMORIAL HOSPITAL	\$1524	\$4718	\$6242	HIGH	MEDIUM	FRISBIE MEMORIAL HOSPITAL
*	EXETER HOSPITAL	\$1592	\$5336	\$6928	HIGH	MEDIUM	EXETER HOSPITAL 603.778.7311

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Thursday, May 17, 2007

Detailed estimates for Arthroscopic Knee Surgery

Procedure: Arthroscopic Knee Surgery

Insurance Plan: Harvard Pilgrim HC, Health Maintenance Organization (HMO)

Within: 50 miles of 03801

Deductible and Coinsurance Amount: \$1,000.00 / 10%

Lead Provider Name	Estimate of What you Will Pay	Estimate of What Insurance Will Pay	Estimate of Combined Payments	Precision of the Cost Estimate	Typical Patient Complexity	Contact Info
DARTMOUTH HITCHCOCK SOUTH	\$1112	\$1015	\$2127	LOW	MEDIUM	<u>DARTMOUTH HITCHCOCK SOUTH</u> 603.650.5000
BEDFORD AMBULATORY SURGICAL C	\$1185	\$1667	\$2852	MEDIUM	MEDIUM	<u>BEDFORD AMBULATORY SURGICAL C</u> 603.622.3670
CONCORD ORTHOPAEDIC SURGERY CENTER	\$1212	\$1917	\$3129	MEDIUM	LOW	<u>CONCORD ORTHOPAEDIC SURGERY CENTER</u> 603.415.9460
ST JOSEPH HOSPITAL	\$1255	\$2299	\$3554	LOW	HIGH	<u>ST JOSEPH HOSPITAL</u> 603.882.3000
SOUTHERN NH MEDICAL CENTER	\$1322	\$2899	\$4221	LOW	MEDIUM	<u>SOUTHERN NH MEDICAL CENTER</u> 603.577.2000
* PORTSMOUTH AMBULATORY SURGERY CENTER	\$1381	\$3430	\$4811	HIGH	MEDIUM	<u>PORTSMOUTH AMBULATORY SURGERY CENTER</u> 603.433.0941
EXETER HOSPITAL	\$1629	\$5669	\$7298	MEDIUM	MEDIUM	<u>EXETER HOSPITAL</u> 603.778.7311

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Thursday, May 17, 2007

Detailed estimates for Arthroscopic Knee Surgery

Procedure: Arthroscopic Knee Surgery
 Insurance Plan: MEGA, Indemnity/Traditional Insurance
 Within: 50 miles of 03801
 Deductible and Coinsurance Amount: \$1,000.00 / 10%

Lead Provider Name	Estimate of What you Will Pay	Estimate of What Insurance Will Pay	Estimate of Combined Payments	Precision of the Cost Estimate	Typical Patient Complexity	Contact Info
SOUTHERN NH MEDICAL CENTER	\$1515	\$4635	\$6150	MEDIUM	MEDIUM	<u>SOUTHERN NH MEDICAL CENTER</u> 603.577.2000
* PORTSMOUTH AMBULATORY SURGERY CENTER	\$1821	\$7392	\$9213	HIGH	MEDIUM	<u>PORTSMOUTH AMBULATORY SURGERY CENTER</u> 603.433.0941

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Thursday, May 17, 2007

Detailed estimates for Arthroscopic Knee Surgery

Procedure: Arthroscopic Knee Surgery
Within: 50 miles of 03801

Lead Provider Name	Median Charge Amount For Procedure	Median Charge Less 15% Uninsured Discount	Contact for Patient Financial Services
THE SURGICENTER AT ST JOSEPH	\$5777	\$4910.45	THE SURGICENTER AT ST JOSEPH 603.882.3000
SALEM SURGERY CENTER	\$5832	\$4957.20	SALEM SURGERY CENTER 603.898.3610
HUGGINS HOSPITAL	\$6460	\$5491.00	HUGGINS HOSPITAL 603.569.7500
SPEARE MEMORIAL HOSPITAL	\$7455	\$6336.75	SPEARE MEMORIAL HOSPITAL 603.536.1120
CONCORD ORTHOPAEDIC SURGERY CENTER	\$7685	\$6532.25	CONCORD ORTHOPAEDIC SURGERY CENTER 603.415.9460

CONCORD HOSPITAL	\$7814	\$6641.90	CONCORD HOSPITAL 603.228.7145
BEDFORD AMBULATORY SURGICAL C	\$8405	\$7144.25	BEDFORD AMBULATORY SURGICAL C 603.622.3670
LAKES REGION GENERAL HOSPITAL	\$8607	\$7315.95	LAKES REGION GENERAL HOSPITAL 603.527.7171
SOUTHERN NH MEDICAL CENTER	\$8924	\$7585.40	SOUTHERN NH MEDICAL CENTER 603.577.2000
WENTWORTH DOUGLASS HOSPITAL	\$9225	\$7841.25	WENTWORTH DOUGLASS HOSPITAL 603.742.5252
ELLIOT HOSPITAL	\$10043	\$8536.55	ELLIOT HOSPITAL 603.669.5300
FRISBIE MEMORIAL HOSPITAL	\$10070	\$8559.50	FRISBIE MEMORIAL HOSPITAL
PORTSMOUTH REGIONAL HOSPITAL - HCA AFFIL	\$10137	\$8616.45	PORTSMOUTH REGIONAL HOSPITAL - HCA AFFIL 603.436.5110
EXETER HOSPITAL	\$10217	\$8684.45	EXETER HOSPITAL 603.778.7311
NORTHEAST SURGICAL CENTER	\$10268	\$8727.80	NORTHEAST SURGICAL CENTER 603.431.5563
PORTSMOUTH AMBULATORY SURGERY CENTER	\$10357	\$8803.45	PORTSMOUTH AMBULATORY SURGERY CENTER 603.433.0941
CATHOLIC MEDICAL CENTER	\$10740	\$9129.00	CATHOLIC MEDICAL CENTER 800.437.9666
ST JOSEPH HOSPITAL	\$10855	\$9226.75	ST JOSEPH HOSPITAL 603.882.3000

**PARKLAND
MEDICAL
CENTER**

\$11188 \$9509.80

**PARKLAND
MEDICAL
CENTER**
603.432.1500**Column Heading Definitions:**

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KIDNEY STONE REMOVAL

[Deductible- \$1,000 Co-Pay- 20%]

[The website allows you to enter any deductible and co-pay amount for your review]

- ANTHEM POINT OF SERVICE
 - ANTHEM HMO
- HARVARD PILGRIM HMO
 - MEGA INDEMNITY
 - UNINSURED

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Thursday, May 17, 2007

Detailed estimates for Kidney Stone Removal

Procedure: Kidney Stone Removal

Insurance Plan: Anthem - NH, Point of Service (POS)

Within: 50 miles of 03801

Deductible and Coinsurance Amount: \$1,000.00 / 20%

Lead Provider Name	Estimate of What you Will Pay	Estimate of What Insurance Will Pay	Estimate of Combined Payments	Precision of the Cost Estimate	Typical Patient Complexity	Contact Info
LAKES REGION GENERAL HOSPITAL	\$2134	\$4537	\$6671	MEDIUM	HIGH	LAKES REGION GENERAL HOSPITAL 603.527.7171
EXETER HOSPITAL	\$2481	\$5924	\$8405	MEDIUM	MEDIUM	EXETER HOSPITAL 603.778.7311
CATHOLIC MEDICAL CENTER	\$2496	\$5984	\$8480	LOW	MEDIUM	CATHOLIC MEDICAL CENTER 800.437.9666
WENTWORTH DOUGLASS HOSPITAL	\$2504	\$6020	\$8524	MEDIUM	MEDIUM	WENTWORTH DOUGLASS HOSPITAL 603.742.5252
SOUTHERN NH MEDICAL CENTER	\$2791	\$7167	\$9958	LOW	LOW	SOUTHERN NH MEDICAL CENTER 603.577.2000
ELLIOT HOSPITAL	\$2880	\$7520	\$10400	HIGH	MEDIUM	ELLIOT HOSPITAL 603.669.5300

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Thursday, May 17, 2007

Detailed estimates for Kidney Stone Removal

Procedure: Kidney Stone Removal

Insurance Plan: Anthem - NH, Health Maintenance Organization (HMO)

Within: 50 miles of 03801

Deductible and Coinsurance Amount: \$1,000.00 / 20%

Lead Provider Name	Estimate of What you Will Pay	Estimate of What Insurance Will Pay	Estimate of Combined Payments	Precision of the Cost Estimate	Typical Patient Complexity	Contact Info
ST JOSEPH HOSPITAL	\$1962	\$3849	\$5811	LOW	MEDIUM	<u>ST JOSEPH HOSPITAL</u> 603.882.3000
LAKES REGION GENERAL HOSPITAL	\$2137	\$4551	\$6688	MEDIUM	HIGH	<u>LAKES REGION GENERAL HOSPITAL</u> 603.527.7171
BEDFORD AMBULATORY SURGICAL C	\$2268	\$5076	\$7344	HIGH	LOW	<u>BEDFORD AMBULATORY SURGICAL C</u> 603.622.3670
EXETER HOSPITAL	\$2407	\$5630	\$8037	MEDIUM	MEDIUM	<u>EXETER HOSPITAL</u> 603.778.7311
* WENTWORTH DOUGLASS HOSPITAL	\$2413	\$5654	\$8067	HIGH	MEDIUM	<u>WENTWORTH DOUGLASS HOSPITAL</u> 603.742.5252
CATHOLIC MEDICAL CENTER	\$2508	\$6035	\$8543	LOW	MEDIUM	<u>CATHOLIC MEDICAL CENTER</u> 800.437.9666
SOUTHERN NH MEDICAL CENTER	\$2800	\$7203	\$10003	MEDIUM	LOW	<u>SOUTHERN NH MEDICAL CENTER</u> 603.577.2000
* PORTSMOUTH REGIONAL HOSPITAL - HCA AFFIL	\$2937	\$7748	\$10685	HIGH	MEDIUM	<u>PORTSMOUTH REGIONAL HOSPITAL - HCA AFFIL</u> 603.436.5110
* ELLIOT HOSPITAL	\$2972	\$7890	\$10862	HIGH	MEDIUM	<u>ELLIOT HOSPITAL</u> 603.669.5300

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Thursday, May 17, 2007

Detailed estimates for Kidney Stone Removal

Procedure: Kidney Stone Removal

Insurance Plan: Harvard Pilgrim HC, Health Maintenance Organization (HMO)

Within: 50 miles of 03801

Deductible and Coinsurance Amount: \$1,000.00 / 20%

Lead Provider Name	Estimate of What you Will Pay	Estimate of What Insurance Will Pay	Estimate of Combined Payments	Precision of the Cost Estimate	Typical Patient Complexity	Contact Info
LAKES REGION GENERAL HOSPITAL	\$1439	\$1758	\$3197	LOW	HIGH	LAKES REGION GENERAL HOSPITAL 603.527.7171
BEDFORD AMBULATORY SURGICAL C	\$1547	\$2192	\$3739	HIGH	LOW	BEDFORD AMBULATORY SURGICAL C 603.622.3670
ST JOSEPH HOSPITAL	\$2007	\$4030	\$6037	VERY LOW	MEDIUM	ST JOSEPH HOSPITAL 603.882.3000
* ELLIOT HOSPITAL	\$2028	\$4113	\$6141	HIGH	MEDIUM	ELLIOT HOSPITAL 603.669.5300
PARKLAND MEDICAL CENTER	\$2041	\$4168	\$6209	HIGH	VERY LOW	PARKLAND MEDICAL CENTER 603.432.1500
CATHOLIC MEDICAL CENTER	\$2190	\$4760	\$6950	MEDIUM	MEDIUM	CATHOLIC MEDICAL CENTER 800.437.9666
SOUTHERN NH MEDICAL CENTER	\$2244	\$4980	\$7224	MEDIUM	LOW	SOUTHERN NH MEDICAL CENTER 603.577.2000
* WENTWORTH DOUGLASS HOSPITAL	\$2766	\$7068	\$9834	HIGH	MEDIUM	WENTWORTH DOUGLASS HOSPITAL 603.742.5252
PORTSMOUTH REGIONAL HOSPITAL - HCA AFFIL	\$3065	\$8263	\$11328	MEDIUM	MEDIUM	PORTSMOUTH REGIONAL HOSPITAL - HCA AFFIL 603.436.5110

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Detailed estimates for Kidney Stone Removal

Procedure: [Kidney Stone Removal](#)

Insurance Plan: MEGA, Indemnity/Traditional Insurance

Within: 50 miles of 03801

Deductible and Coinsurance Amount: \$1,000.00 / 20%

Lead Provider Name	Estimate of What you Will Pay	Estimate of What Insurance Will Pay	Estimate of Combined Payments	Precision of the Cost Estimate	Typical Patient Complexity	Contact Info
EXETER HOSPITAL	\$1317	\$1270	\$2587	LOW	MEDIUM	EXETER HOSPITAL 603.778.7311
LAKES REGION GENERAL HOSPITAL	\$1646	\$2585	\$4231	HIGH	HIGH	LAKES REGION GENERAL HOSPITAL 603.527.7171
* WENTWORTH DOUGLASS HOSPITAL	\$2970	\$7883	\$10853	HIGH	MEDIUM	WENTWORTH DOUGLASS HOSPITAL 603.742.5252

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Detailed estimates for Kidney Stone Removal

Procedure: Kidney Stone Removal
 Within: 50 miles of 03801

Lead Provider Name	Median Charge Amount For Procedure	Median Charge Less 15% Uninsured Discount	Contact for Patient Financial Services
BEDFORD AMBULATORY SURGICAL C	\$8968	\$7622.80	BEDFORD AMBULATORY SURGICAL C 603.622.3670
ST JOSEPH HOSPITAL	\$9719	\$8261.15	ST JOSEPH HOSPITAL 603.882.3000
CATHOLIC MEDICAL CENTER	\$9919	\$8431.15	CATHOLIC MEDICAL CENTER 800.437.9666
EXETER HOSPITAL	\$11526	\$9797.10	EXETER HOSPITAL 603.778.7311
LAKES REGION GENERAL HOSPITAL	\$12445	\$10578.25	LAKES REGION GENERAL HOSPITAL 603.527.7171
			WENTWORTH

WENTWORTH DOUGLASS HOSPITAL	\$12958	\$11014.30	DOUGLASS HOSPITAL 603.742.5252
ELLIOT HOSPITAL	\$14024	\$11920.40	ELLIOT HOSPITAL 603.669.5300
PARKLAND MEDICAL CENTER	\$17765	\$15100.25	PARKLAND MEDICAL CENTER 603.432.1500
PORTSMOUTH REGIONAL HOSPITAL - HCA AFFIL	\$18969	\$16123.65	PORTSMOUTH REGIONAL HOSPITAL - HCA AFFIL 603.436.5110
SOUTHERN NH MEDICAL CENTER	\$19297	\$16402.45	SOUTHERN NH MEDICAL CENTER 603.577.2000

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New Hampshire Insurance Department

EMERGENCY VISIT- MEDIUM

[Deductible- \$500 Co-Pay- 0%]

[The website allows you to enter any deductible and co-pay amount for your review]

- ANTHEM POINT OF SERVICE
- HARVARD PILGRIM POINT OF SERVICE
 - AETNA HMO
 - ANTHEM HMO
- HARVARD PILGRIM HMO
 - AETNA INDEMNITY
 - MEGA INDEMNITY
 - UNINSURED

Thursday, May 17, 2007

Detailed estimates for Emergency Room Visit - Medium

Procedure: Emergency Room Visit - Medium
 Insurance Plan: Anthem - NH, Point of Service (POS)
 Within: 50 miles of 03801
 Deductible and Coinsurance Amount: \$500.00 / 0%

Lead Provider Name	Estimate of What you Will Pay	Estimate of What Insurance Will Pay	Estimate of Combined Payments	Precision of the Cost Estimate	Typical Patient Complexity	Contact Info
LAKES REGION GENERAL HOSPITAL	\$268	\$0	\$268	LOW	LOW	LAKES REGION GENERAL HOSPITAL 603.527.7171
FRISBIE MEMORIAL HOSPITAL	\$363	\$0	\$363	MEDIUM	MEDIUM	FRISBIE MEMORIAL HOSPITAL
* SOUTHERN NH MEDICAL CENTER	\$399	\$0	\$399	HIGH	MEDIUM	SOUTHERN NH MEDICAL CENTER 603.577.2000
PORTSMOUTH REGIONAL HOSPITAL - HCA AFFIL	\$417	\$0	\$417	MEDIUM	MEDIUM	PORTSMOUTH REGIONAL HOSPITAL - HCA AFFIL 603.436.5110
SPEARE MEMORIAL HOSPITAL	\$456	\$0	\$456	HIGH	LOW	SPEARE MEMORIAL HOSPITAL 603.536.1120
WENTWORTH DOUGLASS HOSPITAL	\$457	\$0	\$457	MEDIUM	MEDIUM	WENTWORTH DOUGLASS HOSPITAL 603.742.5252
CONCORD HOSPITAL	\$500	\$6	\$506	MEDIUM	MEDIUM	CONCORD HOSPITAL 603.228.7145
PARKLAND MEDICAL CENTER	\$500	\$13	\$513	LOW	MEDIUM	PARKLAND MEDICAL CENTER 603.432.1500
* ST JOSEPH HOSPITAL	\$500	\$117	\$617	HIGH	MEDIUM	ST JOSEPH HOSPITAL 603.882.3000
* HUGGINS HOSPITAL	\$500	\$120	\$620	HIGH	MEDIUM	HUGGINS HOSPITAL 603.569.7500
CATHOLIC MEDICAL CENTER	\$500	\$123	\$623	HIGH	HIGH	CATHOLIC MEDICAL CENTER 800.437.9666
* ELLIOT HOSPITAL	\$500	\$195	\$695	HIGH	MEDIUM	ELLIOT HOSPITAL 603.669.5300
EXETER HOSPITAL	\$500	\$195	\$695	MEDIUM	MEDIUM	EXETER HOSPITAL

603.778.7311

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Thursday, May 17, 2007

Detailed estimates for Emergency Room Visit - Medium

Procedure: Emergency Room Visit - Medium

Insurance Plan: Harvard Pilgrim HC, Point of Service (POS)

Within: 50 miles of 03801

Deductible and Coinsurance Amount: \$500.00 / 0%

Lead Provider Name	Estimate of What you Will Pay	Estimate of What Insurance Will Pay	Estimate of Combined Payments	Precision of the Cost Estimate	Typical Patient Complexity	Contact Info
ST JOSEPH HOSPITAL	\$327	\$0	\$327	LOW	MEDIUM	<u>ST JOSEPH HOSPITAL</u> 603.882.3000
CONCORD HOSPITAL	\$363	\$0	\$363	LOW	MEDIUM	<u>CONCORD HOSPITAL</u> 603.228.7145
SOUTHERN NH MEDICAL CENTER	\$369	\$0	\$369	MEDIUM	MEDIUM	<u>SOUTHERN NH MEDICAL CENTER</u> 603.577.2000
ELLIOT HOSPITAL	\$397	\$0	\$397	LOW	MEDIUM	<u>ELLIOT HOSPITAL</u> 603.669.5300
CATHOLIC MEDICAL CENTER	\$433	\$0	\$433	LOW	HIGH	<u>CATHOLIC MEDICAL CENTER</u> 800.437.9666
EXETER HOSPITAL	\$500	\$65	\$565	HIGH	MEDIUM	<u>EXETER HOSPITAL</u> 603.778.7311

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Detailed estimates for Emergency Room Visit - Medium

Procedure: Emergency Room Visit - Medium

Insurance Plan: Aetna, Health Maintenance Organization (HMO)

Within: 50 miles of 03801

Deductible and Coinsurance Amount: \$500.00 / 0%

Lead Provider Name	Estimate of What you Will Pay	Estimate of What Insurance Will Pay	Estimate of Combined Payments	Precision of the Cost Estimate	Typical Patient Complexity	Contact Info
LAKES REGION GENERAL HOSPITAL	\$325	\$0	\$325	LOW	LOW	<u>LAKES REGION GENERAL HOSPITAL</u> 603.527.7171
WENTWORTH DOUGLASS HOSPITAL	\$325	\$0	\$325	LOW	MEDIUM	<u>WENTWORTH DOUGLASS HOSPITAL</u> 603.742.5252
FRISBIE MEMORIAL HOSPITAL	\$397	\$0	\$397	LOW	MEDIUM	<u>FRISBIE MEMORIAL HOSPITAL</u>
* SOUTHERN NH MEDICAL CENTER	\$500	\$19	\$519	HIGH	MEDIUM	<u>SOUTHERN NH MEDICAL CENTER</u> 603.577.2000
PORTSMOUTH REGIONAL HOSPITAL - HCA AFFIL	\$500	\$130	\$630	LOW	MEDIUM	<u>PORTSMOUTH REGIONAL HOSPITAL - HCA AFFIL</u> 603.436.5110
* ELLIOT HOSPITAL	\$500	\$246	\$746	HIGH	MEDIUM	<u>ELLIOT HOSPITAL</u> 603.669.5300
EXETER HOSPITAL	\$500	\$322	\$822	LOW	MEDIUM	<u>EXETER HOSPITAL</u> 603.778.7311
ST JOSEPH HOSPITAL	\$500	\$402	\$902	MEDIUM	MEDIUM	<u>ST JOSEPH HOSPITAL</u> 603.882.3000
CATHOLIC MEDICAL CENTER	\$500	\$605	\$1105	VERY LOW	HIGH	<u>CATHOLIC MEDICAL CENTER</u> 800.437.9666

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Detailed estimates for Emergency Room Visit - Medium

Procedure: Emergency Room Visit - Medium

Insurance Plan: Anthem - NH, Health Maintenance Organization (HMO)

Within: 50 miles of 03801

Deductible and Coinsurance Amount: \$500.00 / 0%

Lead Provider Name	Estimate of What you Will Pay	Estimate of What Insurance Will Pay	Estimate of Combined Payments	Precision of the Cost Estimate	Typical Patient Complexity	Contact Info
DARTMOUTH HITCHCOCK SOUTH	\$252	\$0	\$252	LOW	VERY LOW	<u>DARTMOUTH HITCHCOCK SOUTH</u> 603.650.5000
LAKES REGION GENERAL HOSPITAL	\$316	\$0	\$316	MEDIUM	LOW	<u>LAKES REGION GENERAL HOSPITAL</u> 603.527.7171
FRISBIE MEMORIAL HOSPITAL	\$334	\$0	\$334	MEDIUM	MEDIUM	<u>FRISBIE MEMORIAL HOSPITAL</u>
SPEARE MEMORIAL HOSPITAL	\$367	\$0	\$367	HIGH	LOW	<u>SPEARE MEMORIAL HOSPITAL</u> 603.536.1120
SOUTHERN NH MEDICAL CENTER	\$403	\$0	\$403	MEDIUM	MEDIUM	<u>SOUTHERN NH MEDICAL CENTER</u> 603.577.2000
WENTWORTH DOUGLASS HOSPITAL	\$407	\$0	\$407	MEDIUM	MEDIUM	<u>WENTWORTH DOUGLASS HOSPITAL</u> 603.742.5252
PORTSMOUTH REGIONAL HOSPITAL - HCA AFFIL	\$419	\$0	\$419	MEDIUM	MEDIUM	<u>PORTSMOUTH REGIONAL HOSPITAL - HCA AFFIL</u> 603.436.5110
PARKLAND MEDICAL CENTER	\$485	\$0	\$485	LOW	MEDIUM	<u>PARKLAND MEDICAL CENTER</u> 603.432.1500
CONCORD HOSPITAL	\$500	\$5	\$505	LOW	MEDIUM	<u>CONCORD HOSPITAL</u> 603.228.7145
CATHOLIC MEDICAL CENTER	\$500	\$70	\$570	HIGH	HIGH	<u>CATHOLIC MEDICAL CENTER</u> 800.437.9666
* HUGGINS HOSPITAL	\$500	\$84	\$584	HIGH	MEDIUM	<u>HUGGINS HOSPITAL</u> 603.569.7500
* ST JOSEPH HOSPITAL	\$500	\$131	\$631	HIGH	MEDIUM	<u>ST JOSEPH HOSPITAL</u> 603.882.3000
EXETER						<u>EXETER</u>



HOSPITAL	\$500	\$139	\$639	MEDIUM	MEDIUM	<u>HOSPITAL</u> 603.778.7311
ELLIOT HOSPITAL	\$500	\$201	\$701	HIGH	MEDIUM	<u>ELLIOT</u> <u>HOSPITAL</u> 603.669.5300

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Thursday, May 17, 2007

Detailed estimates for Emergency Room Visit - Medium

Procedure: Emergency Room Visit - Medium

Insurance Plan: Harvard Pilgrim HC, Health Maintenance Organization (HMO)

Within: 50 miles of 03801

Deductible and Coinsurance Amount: \$500.00 / 0%

Lead Provider Name	Estimate of What you Will Pay	Estimate of What Insurance Will Pay	Estimate of Combined Payments	Precision of the Cost Estimate	Typical Patient Complexity	Contact Info
PARKLAND MEDICAL CENTER	\$252	\$0	\$252	LOW	MEDIUM	<u>PARKLAND MEDICAL CENTER</u> 603.432.1500
PORTSMOUTH REGIONAL HOSPITAL - HCA AFFIL	\$266	\$0	\$266	MEDIUM	MEDIUM	<u>PORTSMOUTH REGIONAL HOSPITAL - HCA AFFIL</u> 603.436.5110
SOUTHERN NH MEDICAL CENTER	\$384	\$0	\$384	MEDIUM	MEDIUM	<u>SOUTHERN NH MEDICAL CENTER</u> 603.577.2000
EXETER HOSPITAL	\$389	\$0	\$389	LOW	MEDIUM	<u>EXETER HOSPITAL</u> 603.778.7311
FRISBIE MEMORIAL HOSPITAL	\$389	\$0	\$389	MEDIUM	MEDIUM	<u>FRISBIE MEMORIAL HOSPITAL</u>
CONCORD HOSPITAL	\$407	\$0	\$407	LOW	MEDIUM	<u>CONCORD HOSPITAL</u> 603.228.7145
SPEARE MEMORIAL HOSPITAL	\$415	\$0	\$415	MEDIUM	LOW	<u>SPEARE MEMORIAL HOSPITAL</u> 603.536.1120
WENTWORTH DOUGLASS HOSPITAL	\$433	\$0	\$433	MEDIUM	MEDIUM	<u>WENTWORTH DOUGLASS HOSPITAL</u> 603.742.5252
ST JOSEPH HOSPITAL	\$468	\$0	\$468	MEDIUM	MEDIUM	<u>ST JOSEPH HOSPITAL</u> 603.882.3000
LAKES REGION GENERAL HOSPITAL	\$495	\$0	\$495	VERY LOW	LOW	<u>LAKES REGION GENERAL HOSPITAL</u> 603.527.7171
CATHOLIC MEDICAL CENTER	\$500	\$8	\$508	HIGH	HIGH	<u>CATHOLIC MEDICAL CENTER</u> 800.437.9666
* HUGGINS HOSPITAL	\$500	\$38	\$538	HIGH	MEDIUM	<u>HUGGINS HOSPITAL</u> 603.569.7500
* ELLIOT HOSPITAL	\$500	\$77	\$577	HIGH	MEDIUM	<u>ELLIOT HOSPITAL</u>

603.669.5300

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Thursday, May 17, 2007

Detailed estimates for Emergency Room Visit - Medium

Procedure: Emergency Room Visit - Medium

Insurance Plan: Aetna, Indemnity/Traditional Insurance

Within: 50 miles of 03801

Deductible and Coinsurance Amount: \$500.00 / 0%

Lead Provider Name	Estimate of What you Will Pay	Estimate of What Insurance Will Pay	Estimate of Combined Payments	Precision of the Cost Estimate	Typical Patient Complexity	Contact Info
SPEARE MEMORIAL HOSPITAL	\$356	\$0	\$356	LOW	LOW	<u>SPEARE MEMORIAL HOSPITAL</u> 603.536.1120
LAKES REGION GENERAL HOSPITAL	\$466	\$0	\$466	LOW	LOW	<u>LAKES REGION GENERAL HOSPITAL</u> 603.527.7171
WENTWORTH DOUGLASS HOSPITAL	\$500	\$176	\$676	LOW	MEDIUM	<u>WENTWORTH DOUGLASS HOSPITAL</u> 603.742.5252

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Thursday, May 17, 2007

Detailed estimates for Emergency Room Visit - Medium

Procedure: Emergency Room Visit - Medium

Insurance Plan: MEGA, Indemnity/Traditional Insurance

Within: 50 miles of 03801

Deductible and Coinsurance Amount: \$500.00 / 0%

Lead Provider Name	Estimate of What you Will Pay	Estimate of What Insurance Will Pay	Estimate of Combined Payments	Precision of the Cost Estimate	Typical Patient Complexity	Contact Info
DARTMOUTH HITCHCOCK SOUTH	\$325	\$0	\$325	VERY LOW	VERY LOW	<u>DARTMOUTH HITCHCOCK SOUTH</u> 603.650.5000
LAKES REGION GENERAL HOSPITAL	\$454	\$0	\$454	MEDIUM	LOW	<u>LAKES REGION GENERAL HOSPITAL</u> 603.527.7171
SPEARE MEMORIAL HOSPITAL	\$484	\$0	\$484	HIGH	LOW	<u>SPEARE MEMORIAL HOSPITAL</u> 603.536.1120
WENTWORTH DOUGLASS HOSPITAL	\$500	\$55	\$555	LOW	MEDIUM	<u>WENTWORTH DOUGLASS HOSPITAL</u> 603.742.5252
EXETER HOSPITAL	\$500	\$262	\$762	LOW	MEDIUM	<u>EXETER HOSPITAL</u> 603.778.7311
ST JOSEPH HOSPITAL	\$500	\$263	\$763	HIGH	MEDIUM	<u>ST JOSEPH HOSPITAL</u> 603.882.3000
CONCORD HOSPITAL	\$500	\$308	\$808	LOW	MEDIUM	<u>CONCORD HOSPITAL</u> 603.228.7145
ELLIOT HOSPITAL	\$500	\$336	\$836	HIGH	MEDIUM	<u>ELLIOT HOSPITAL</u> 603.669.5300

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Friday, May 18, 2007

Detailed estimates for Emergency Room Visit - Medium

Procedure: Emergency Room Visit - Medium
Within: 50 miles of 03801

Lead Provider Name	Median Charge Amount For Procedure	Median Charge Less 15% Uninsured Discount	Contact for Patient Financial Services
DARTMOUTH HITCHCOCK SOUTH	\$334	\$283.90	DARTMOUTH HITCHCOCK SOUTH 603.650.5000
FRISBIE MEMORIAL HOSPITAL	\$448	\$380.80	FRISBIE MEMORIAL HOSPITAL
LAKES REGION GENERAL HOSPITAL	\$493	\$419.05	LAKES REGION GENERAL HOSPITAL 603.527.7171
SPEARE MEMORIAL HOSPITAL	\$570	\$484.50	SPEARE MEMORIAL HOSPITAL 603.536.1120
PORTSMOUTH REGIONAL HOSPITAL - HCA AFFIL	\$689	\$585.65	PORTSMOUTH REGIONAL HOSPITAL - HCA AFFIL 603.436.5110

CONCORD HOSPITAL	\$709	\$602.65	CONCORD HOSPITAL 603.228.7145
WENTWORTH DOUGLASS HOSPITAL	\$743	\$631.55	WENTWORTH DOUGLASS HOSPITAL 603.742.5252
SOUTHERN NH MEDICAL CENTER	\$776	\$659.60	SOUTHERN NH MEDICAL CENTER 603.577.2000
PARKLAND MEDICAL CENTER	\$792	\$673.20	PARKLAND MEDICAL CENTER 603.432.1500
EXETER HOSPITAL	\$834	\$708.90	EXETER HOSPITAL 603.778.7311
HUGGINS HOSPITAL	\$843	\$716.55	HUGGINS HOSPITAL 603.569.7500
CATHOLIC MEDICAL CENTER	\$912	\$775.20	CATHOLIC MEDICAL CENTER 800.437.9666
ST JOSEPH HOSPITAL	\$980	\$833.00	ST JOSEPH HOSPITAL 603.882.3000
ELLIOT HOSPITAL	\$1058	\$899.30	ELLIOT HOSPITAL 603.669.5300

Column Heading Definitions:

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Median Charge Amount is the median amount charged by the lead health organization and physicians for the services rendered. The charge amount is in effect, the "list" price for the procedure.

15% Uninsured Discount This discount amount represents a typical uninsured discount currently offered by New Hampshire hospital providers. To learn more about specific programs, call the financial services phone number in the table above for a health care provider.



VAGINAL BIRTH AND NEW BABY

[Deductible- \$2000 Co-Pay- 0%]

[The website allows you to enter any deductible and co-pay amount for your review]

- AETNA HMO
- ANTHEM HMO
- CIGNA HMO
- HARVARD PILGRIM HMO
- HARVARD PILGRIM POINT OF SERVICE
- HARVARD PILGRIM PREFERRED PROVIDER ORGANIZATION
- UNINSURED

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Thursday, May 17, 2007

Detailed estimates for Vaginal Birth and New Baby

Procedure: Vaginal Birth and New Baby
 Insurance Plan: Aetna, Health Maintenance Organization (HMO)
 Within: 50 miles of 03801
 Deductible and Coinsurance Amount: \$2,000.00 / 0%

Lead Provider Name	Estimate of What you Will Pay	Estimate of What Insurance Will Pay	Estimate of Combined Payments	Precision of the Cost Estimate	Typical Patient Complexity	Contact Info
* CATHOLIC MEDICAL CENTER	\$2000	\$5479	\$7479	HIGH	MEDIUM	<u>CATHOLIC MEDICAL CENTER</u> 800.437.9666
CONCORD HOSPITAL	\$2000	\$10463	\$12463	LOW	MEDIUM	<u>CONCORD HOSPITAL</u> 603.228.7145

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Thursday, May 17, 2007

Detailed estimates for Vaginal Birth and New Baby

Procedure: Vaginal Birth and New Baby

Insurance Plan: Anthem - NH, Health Maintenance Organization (HMO)

Within: 50 miles of 03801

Deductible and Coinsurance Amount: \$2,000.00 / 0%

Lead Provider Name	Estimate of What you Will Pay	Estimate of What Insurance Will Pay	Estimate of Combined Payments	Precision of the Cost Estimate	Typical Patient Complexity	Contact Info
HUGGINS HOSPITAL	\$2000	\$3473	\$5473	LOW	HIGH	<u>HUGGINS HOSPITAL</u> 603.569.7500
* CATHOLIC MEDICAL CENTER	\$2000	\$4791	\$6791	HIGH	MEDIUM	<u>CATHOLIC MEDICAL CENTER</u> 800.437.9666
LAKES REGION GENERAL HOSPITAL	\$2000	\$4919	\$6919	MEDIUM	LOW	<u>LAKES REGION GENERAL HOSPITAL</u> 603.527.7171
* SOUTHERN NH MEDICAL CENTER	\$2000	\$6112	\$8112	HIGH	MEDIUM	<u>SOUTHERN NH MEDICAL CENTER</u> 603.577.2000
* CONCORD HOSPITAL	\$2000	\$6132	\$8132	HIGH	MEDIUM	<u>CONCORD HOSPITAL</u> 603.228.7145
ST JOSEPH HOSPITAL	\$2000	\$6153	\$8153	MEDIUM	MEDIUM	<u>ST JOSEPH HOSPITAL</u> 603.882.3000
SPEARE MEMORIAL HOSPITAL	\$2000	\$6182	\$8182	LOW	MEDIUM	<u>SPEARE MEMORIAL HOSPITAL</u> 603.536.1120
WENTWORTH DOUGLASS HOSPITAL	\$2000	\$6969	\$8969	VERY LOW	MEDIUM	<u>WENTWORTH DOUGLASS HOSPITAL</u> 603.742.5252
* PARKLAND MEDICAL CENTER	\$2000	\$7505	\$9505	HIGH	MEDIUM	<u>PARKLAND MEDICAL CENTER</u> 603.432.1500
PORTSMOUTH REGIONAL HOSPITAL - HCA AFFIL	\$2000	\$8357	\$10357	MEDIUM	HIGH	<u>PORTSMOUTH REGIONAL HOSPITAL - HCA AFFIL</u> 603.436.5110
ELLIOT HOSPITAL	\$2000	\$8419	\$10419	MEDIUM	MEDIUM	<u>ELLIOT HOSPITAL</u> 603.669.5300
FRISBIE MEMORIAL HOSPITAL	\$2000	\$8773	\$10773	HIGH	HIGH	<u>FRISBIE MEMORIAL HOSPITAL</u>
* EXETER HOSPITAL	\$2000	\$10817	\$12817	HIGH	MEDIUM	<u>EXETER HOSPITAL</u>

603.778.7311

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Thursday, May 17, 2007

Detailed estimates for Vaginal Birth and New Baby

Procedure: Vaginal Birth and New Baby

Insurance Plan: CIGNA, Health Maintenance Organization (HMO)

Within: 50 miles of 03801

Deductible and Coinsurance Amount: \$2,000.00 / 0%

Lead Provider Name	Estimate of What you Will Pay	Estimate of What Insurance Will Pay	Estimate of Combined Payments	Precision of the Cost Estimate	Typical Patient Complexity	Contact Info
FRISBIE MEMORIAL HOSPITAL	\$2000	\$2730	\$4730	MEDIUM	HIGH	<u>FRISBIE MEMORIAL HOSPITAL</u>
* CATHOLIC MEDICAL CENTER	\$2000	\$3495	\$5495	HIGH	MEDIUM	<u>CATHOLIC MEDICAL CENTER</u> 800.437.9666
* SPEARE MEMORIAL HOSPITAL	\$2000	\$3663	\$5663	HIGH	MEDIUM	<u>SPEARE MEMORIAL HOSPITAL</u> 603.536.1120
HUGGINS HOSPITAL	\$2000	\$4178	\$6178	VERY LOW	HIGH	<u>HUGGINS HOSPITAL</u> 603.569.7500
ST JOSEPH HOSPITAL	\$2000	\$4743	\$6743	LOW	MEDIUM	<u>ST JOSEPH HOSPITAL</u> 603.882.3000
WENTWORTH DOUGLASS HOSPITAL	\$2000	\$5269	\$7269	LOW	MEDIUM	<u>WENTWORTH DOUGLASS HOSPITAL</u> 603.742.5252
* SOUTHERN NH MEDICAL CENTER	\$2000	\$6428	\$8428	HIGH	MEDIUM	<u>SOUTHERN NH MEDICAL CENTER</u> 603.577.2000
LAKES REGION GENERAL HOSPITAL	\$2000	\$6452	\$8452	MEDIUM	LOW	<u>LAKES REGION GENERAL HOSPITAL</u> 603.527.7171
PORTSMOUTH REGIONAL HOSPITAL - HCA AFFIL	\$2000	\$6698	\$8698	LOW	HIGH	<u>PORTSMOUTH REGIONAL HOSPITAL - HCA AFFIL</u> 603.436.5110
ELLIOT HOSPITAL	\$2000	\$6775	\$8775	MEDIUM	MEDIUM	<u>ELLIOT HOSPITAL</u> 603.669.5300
CONCORD HOSPITAL	\$2000	\$6984	\$8984	MEDIUM	MEDIUM	<u>CONCORD HOSPITAL</u> 603.228.7145
EXETER HOSPITAL	\$2000	\$7451	\$9451	MEDIUM	MEDIUM	<u>EXETER HOSPITAL</u> 603.778.7311

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Thursday, May 17, 2007

Detailed estimates for Vaginal Birth and New Baby

Procedure: Vaginal Birth and New Baby

Insurance Plan: Harvard Pilgrim HC, Health Maintenance Organization (HMO)

Within: 50 miles of 03801

Deductible and Coinsurance Amount: \$2,000.00 / 0%

Lead Provider Name	Estimate of What you Will Pay	Estimate of What Insurance Will Pay	Estimate of Combined Payments	Precision of the Cost Estimate	Typical Patient Complexity	Contact Info
* CATHOLIC MEDICAL CENTER	\$2000	\$3058	\$5058	HIGH	MEDIUM	CATHOLIC MEDICAL CENTER 800.437.9666
LAKES REGION GENERAL HOSPITAL	\$2000	\$4639	\$6639	VERY LOW	LOW	LAKES REGION GENERAL HOSPITAL 603.527.7171
WENTWORTH DOUGLASS HOSPITAL	\$2000	\$5142	\$7142	VERY LOW	MEDIUM	WENTWORTH DOUGLASS HOSPITAL 603.742.5252
* SOUTHERN NH MEDICAL CENTER	\$2000	\$5518	\$7518	HIGH	MEDIUM	SOUTHERN NH MEDICAL CENTER 603.577.2000
ST JOSEPH HOSPITAL	\$2000	\$6080	\$8080	MEDIUM	MEDIUM	ST JOSEPH HOSPITAL 603.882.3000
PORTSMOUTH REGIONAL HOSPITAL - HCA AFFIL	\$2000	\$6576	\$8576	MEDIUM	HIGH	PORTSMOUTH REGIONAL HOSPITAL - HCA AFFIL 603.436.5110
ELLIOT HOSPITAL	\$2000	\$6935	\$8935	MEDIUM	MEDIUM	ELLIOT HOSPITAL 603.669.5300
PARKLAND MEDICAL CENTER	\$2000	\$7385	\$9385	MEDIUM	MEDIUM	PARKLAND MEDICAL CENTER 603.432.1500
* CONCORD HOSPITAL	\$2000	\$7559	\$9559	HIGH	MEDIUM	CONCORD HOSPITAL 603.228.7145
FRISBIE MEMORIAL HOSPITAL	\$2000	\$8283	\$10283	MEDIUM	HIGH	FRISBIE MEMORIAL HOSPITAL
EXETER HOSPITAL	\$2000	\$9053	\$11053	MEDIUM	MEDIUM	EXETER HOSPITAL 603.778.7311

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Thursday, May 17, 2007

Detailed estimates for Vaginal Birth and New Baby

Procedure: Vaginal Birth and New Baby

Insurance Plan: Harvard Pilgrim HC, Point of Service (POS)

Within: 50 miles of 03801

Deductible and Coinsurance Amount: \$2,000.00 / 0%

Lead Provider Name	Estimate of What you Will Pay	Estimate of What Insurance Will Pay	Estimate of Combined Payments	Precision of the Cost Estimate	Typical Patient Complexity	Contact Info
SOUTHERN NH MEDICAL CENTER	\$2000	\$4872	\$6872	MEDIUM	MEDIUM	<u>SOUTHERN NH MEDICAL CENTER</u> 603.577.2000
* CATHOLIC MEDICAL CENTER	\$2000	\$5040	\$7040	HIGH	MEDIUM	<u>CATHOLIC MEDICAL CENTER</u> 800.437.9666
* ELLIOT HOSPITAL	\$2000	\$7319	\$9319	HIGH	MEDIUM	<u>ELLIOT HOSPITAL</u> 603.669.5300
CONCORD HOSPITAL	\$2000	\$11471	\$13471	LOW	MEDIUM	<u>CONCORD HOSPITAL</u> 603.228.7145

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Typical Patient Complexity - This is an indication of how healthy or sick the patients are that are seen for this particular procedure at this health care provider. Some health care providers see sicker patients, or patients that are more complex, and thus there may be more costs associated with treating them.

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Thursday, May 17, 2007

Detailed estimates for Vaginal Birth and New Baby

Procedure: Vaginal Birth and New Baby

Insurance Plan: Harvard Pilgrim HC, Preferred Provider Organization (PPO)

Within: 50 miles of 03801

Deductible and Coinsurance Amount: \$2,000.00 / 0%

Lead Provider Name	Estimate of What you Will Pay	Estimate of What Insurance Will Pay	Estimate of Combined Payments	Precision of the Cost Estimate	Typical Patient Complexity	Contact Info
PARKLAND MEDICAL CENTER	\$2000	\$4911	\$6911	LOW	MEDIUM	<u>PARKLAND MEDICAL CENTER</u> 603.432.1500
ELLIOT HOSPITAL	\$2000	\$4959	\$6959	MEDIUM	MEDIUM	<u>ELLIOT HOSPITAL</u> 603.669.5300

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Thursday, May 17, 2007

Detailed estimates for Vaginal Birth and New Baby

Procedure: Vaginal Birth and New Baby

Within: 50 miles of 03801

Lead Provider Name	Median Charge Amount For Procedure	Median Charge Less 15% Uninsured Discount	Contact for Patient Financial Services
SPEARE MEMORIAL HOSPITAL	\$7948	\$6755.80	<u>SPEARE MEMORIAL HOSPITAL</u> 603.536.1120
HUGGINS HOSPITAL	\$8600	\$7310.00	<u>HUGGINS HOSPITAL</u> 603.569.7500
CATHOLIC MEDICAL CENTER	\$11447	\$9729.95	<u>CATHOLIC MEDICAL CENTER</u> 800.437.9666
WENTWORTH DOUGLASS HOSPITAL	\$12097	\$10282.45	<u>WENTWORTH DOUGLASS HOSPITAL</u> 603.742.5252
LAKES REGION GENERAL HOSPITAL	\$12367	\$10511.95	<u>LAKES REGION GENERAL HOSPITAL</u> 603.527.7171
PORTSMOUTH REGIONAL			<u>PORTSMOUTH REGIONAL</u>

HOSPITAL - HCA AFFIL	\$12559	\$10675.15	<u>HOSPITAL - HCA AFFIL</u> 603.436.5110
ST JOSEPH HOSPITAL	\$13104	\$11138.40	<u>ST JOSEPH HOSPITAL</u> 603.882.3000
SOUTHERN NH MEDICAL CENTER	\$13146	\$11174.10	<u>SOUTHERN NH MEDICAL CENTER</u> 603.577.2000
ELLIOT HOSPITAL	\$14340	\$12189.00	<u>ELLIOT HOSPITAL</u> 603.669.5300
FRISBIE MEMORIAL HOSPITAL	\$15052	\$12794.20	<u>FRISBIE MEMORIAL HOSPITAL</u>
PARKLAND MEDICAL CENTER	\$15076	\$12814.60	<u>PARKLAND MEDICAL CENTER</u> 603.432.1500
CONCORD HOSPITAL	\$15331	\$13031.35	<u>CONCORD HOSPITAL</u> 603.228.7145
EXETER HOSPITAL	\$15880	\$13498.00	<u>EXETER HOSPITAL</u> 603.778.7311

Column Heading Definitions:

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Median Charge Amount is the median amount charged by the lead health organization and physicians for the services rendered. The charge amount is in effect, the "list" price for the procedure.

15% Uninsured Discount This discount amount represents a typical uninsured discount currently offered by New Hampshire hospital providers. To learn more about specific programs, call the financial services phone number in the table above for a health care provider.

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CHEST X-RAY

[Deductible- \$0 Co-Pay- 20%]

[The website allows you to enter any deductible and co-pay amount for your review]

- ANTHEM POINT OF SERVICE
- CIGNA POINT OF SERVICE
- HARVARD PILGRIM POINT OF SERVICE
- HARVARD PILGRIM HMO
- UNINSURED

Thursday, May 17, 2007

Detailed estimates for Chest X-Ray

Procedure: Chest X-Ray
 Insurance Plan: Anthem - NH, Point of Service (POS)
 Within: 50 miles of 03801
 Deductible and Coinsurance Amount: \$0.00 / 20%

Lead Provider Name	Estimate of What you Will Pay	Estimate of What Insurance Will Pay	Estimate of Combined Payments	Precision of the Cost Estimate	Typical Patient Complexity	Contact Info
CATHOLIC MEDICAL CENTER	\$31	\$124	\$155	LOW	MEDIUM	CATHOLIC MEDICAL CENTER 800.437.9666
* SALEM RADIOLOGY	\$32	\$132	\$164	HIGH	MEDIUM	SALEM RADIOLOGY 603.893.4352
GREATER MANCHESTER IMAGING CENTER	\$34	\$137	\$171	HIGH	VERY LOW	GREATER MANCHESTER IMAGING CENTER 603.663.2663
WENTWORTH DOUGLASS HOSPITAL	\$36	\$146	\$182	MEDIUM	MEDIUM	WENTWORTH DOUGLASS HOSPITAL 603.742.5252
PARKLAND MEDICAL CENTER	\$39	\$157	\$196	LOW	MEDIUM	PARKLAND MEDICAL CENTER 603.432.1500
DARTMOUTH HITCHCOCK SOUTH	\$39	\$160	\$199	HIGH	LOW	DARTMOUTH HITCHCOCK SOUTH 603.650.5000
ASSOCIATED RADIOLOGISTS PA	\$41	\$165	\$206	MEDIUM	MEDIUM	ASSOCIATED RADIOLOGISTS PA 603.577.2800
LAKES REGION GENERAL HOSPITAL	\$41	\$168	\$209	HIGH	HIGH	LAKES REGION GENERAL HOSPITAL 603.527.7171
LAKES REGION RADIOLOGY	\$43	\$176	\$219	HIGH	HIGH	LAKES REGION RADIOLOGY 603.524.3211
SOUTHERN NH MEDICAL CENTER	\$45	\$182	\$227	LOW	MEDIUM	SOUTHERN NH MEDICAL CENTER 603.577.2000
* GREATER PAWTUCKAWAY IMAGING CENTER	\$47	\$189	\$236	HIGH	MEDIUM	GREATER PAWTUCKAWAY IMAGING CENTER 603.895.8000
SOUTHERN NH RADIOLOGY CONSULTANTS, PC	\$48	\$196	\$244	MEDIUM	VERY HIGH	SOUTHERN NH RADIOLOGY CONSULTANTS, PC 603.627.1661
						WOMEN'S LIFE

* WOMEN'S LIFE IMAGING	\$50	\$204	\$254	HIGH	MEDIUM	IMAGING 603.742.6673
NASHUA RADIOLOGY PA	\$51	\$205	\$256	MEDIUM	MEDIUM	NASHUA RADIOLOGY PA 603.882.3000
ST JOSEPH HOSPITAL	\$52	\$208	\$260	LOW	MEDIUM	ST JOSEPH HOSPITAL 603.882.3000
HUGGINS HOSPITAL	\$52	\$210	\$262	LOW	MEDIUM	HUGGINS HOSPITAL 603.569.7500
PORTSMOUTH RADIOLOGICAL ASSOCIATES, PA	\$53	\$212	\$265	MEDIUM	MEDIUM	603.436.5569
CONCORD HOSPITAL	\$56	\$225	\$281	HIGH	HIGH	CONCORD HOSPITAL 603.228.7145
FRISBIE MEMORIAL HOSPITAL	\$56	\$227	\$283	LOW	MEDIUM	FRISBIE MEMORIAL HOSPITAL
SPEARE MEMORIAL HOSPITAL	\$56	\$227	\$283	HIGH	LOW	SPEARE MEMORIAL HOSPITAL 603.536.1120
ELLIOT HOSPITAL	\$56	\$228	\$284	MEDIUM	HIGH	ELLIOT HOSPITAL 603.669.5300
* PORTSMOUTH REGIONAL HOSPITAL - HCA AFFIL	\$57	\$232	\$289	HIGH	MEDIUM	PORTSMOUTH REGIONAL HOSPITAL - HCA AFFIL 603.436.5110
* EXETER HOSPITAL	\$59	\$236	\$295	HIGH	MEDIUM	EXETER HOSPITAL 603.778.7311
RADIATION ONCOLOGY ASSOCIATES	\$82	\$328	\$410	HIGH	VERY HIGH	RADIATION ONCOLOGY ASSOCIATES 603.663.1800
DERRY IMAGING CENTER	\$111	\$448	\$559	HIGH	VERY HIGH	DERRY IMAGING CENTER 603.537.1363

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Thursday, May 17, 2007

Detailed estimates for Chest X-Ray

Procedure: Chest X-Ray
 Insurance Plan: CIGNA, Point of Service (POS)
 Within: 50 miles of 03801
 Deductible and Coinsurance Amount: \$0.00 / 20%

Lead Provider Name	Estimate of What you Will Pay	Estimate of What Insurance Will Pay	Estimate of Combined Payments	Precision of the Cost Estimate	Typical Patient Complexity	Contact Info
DARTMOUTH HITCHCOCK SOUTH	\$38	\$153	\$191	HIGH	LOW	<u>DARTMOUTH HITCHCOCK SOUTH</u> 603.650.5000
SPEARE MEMORIAL HOSPITAL	\$38	\$156	\$194	MEDIUM	LOW	<u>SPEARE MEMORIAL HOSPITAL</u> 603.536.1120
SALEM RADIOLOGY	\$44	\$176	\$220	MEDIUM	MEDIUM	<u>SALEM RADIOLOGY</u> 603.893.4352
LAKES REGION GENERAL HOSPITAL	\$46	\$188	\$234	HIGH	HIGH	<u>LAKES REGION GENERAL HOSPITAL</u> 603.527.7171
LAKES REGION RADIOLOGY	\$46	\$188	\$234	HIGH	HIGH	<u>LAKES REGION RADIOLOGY</u> 603.524.3211
NASHUA RADIOLOGY PA	\$50	\$201	\$251	MEDIUM	MEDIUM	<u>NASHUA RADIOLOGY PA</u> 603.882.3000
ST JOSEPH HOSPITAL	\$51	\$204	\$255	LOW	MEDIUM	<u>ST JOSEPH HOSPITAL</u> 603.882.3000
CONCORD HOSPITAL	\$53	\$212	\$265	HIGH	HIGH	<u>CONCORD HOSPITAL</u> 603.228.7145
SOUTHERN NH RADIOLOGY CONSULTANTS, PC	\$61	\$248	\$309	VERY LOW	VERY HIGH	<u>SOUTHERN NH RADIOLOGY CONSULTANTS, PC</u> 603.627.1661
FRISBIE MEMORIAL HOSPITAL	\$63	\$255	\$318	LOW	MEDIUM	<u>FRISBIE MEMORIAL HOSPITAL</u>
PARKLAND MEDICAL CENTER	\$63	\$255	\$318	LOW	MEDIUM	<u>PARKLAND MEDICAL CENTER</u> 603.432.1500
ASSOCIATED RADIOLOGISTS PA	\$66	\$268	\$334	LOW	MEDIUM	<u>ASSOCIATED RADIOLOGISTS PA</u> 603.577.2800
EXETER HOSPITAL	\$68	\$273	\$341	MEDIUM	MEDIUM	<u>EXETER HOSPITAL</u> 603.778.7311
WENTWORTH DOUGLASS HOSPITAL	\$69	\$279	\$348	LOW	MEDIUM	<u>WENTWORTH DOUGLASS HOSPITAL</u>

HUGGINS HOSPITAL	\$70	\$282	\$352	VERY LOW	MEDIUM	603.742.5252 <u>HUGGINS HOSPITAL</u> 603.569.7500
PORTSMOUTH RADIOLOGICAL ASSOCIATES, PA	\$71	\$284	\$355	LOW	MEDIUM	603.436.5569
CATHOLIC MEDICAL CENTER	\$72	\$288	\$360	VERY LOW	MEDIUM	<u>CATHOLIC MEDICAL CENTER</u> 800.437.9666
SOUTHERN NH MEDICAL CENTER	\$76	\$306	\$382	VERY LOW	MEDIUM	<u>SOUTHERN NH MEDICAL CENTER</u> 603.577.2000
ELLIOT HOSPITAL	\$76	\$308	\$384	VERY LOW	HIGH	<u>ELLIOT HOSPITAL</u> 603.669.5300
PORTSMOUTH REGIONAL HOSPITAL - HCA AFFIL	\$86	\$348	\$434	LOW	MEDIUM	<u>PORTSMOUTH REGIONAL HOSPITAL - HCA AFFIL</u> 603.436.5110
RADIATION ONCOLOGY ASSOCIATES	\$117	\$471	\$588	HIGH	VERY HIGH	<u>RADIATION ONCOLOGY ASSOCIATES</u> 603.663.1800

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Thursday, May 17, 2007

Detailed estimates for Chest X-Ray

Procedure: Chest X-Ray

Insurance Plan: Harvard Pilgrim HC, Point of Service (POS)

Within: 50 miles of Q3801

Deductible and Coinsurance Amount: \$0.00 / 20%

Lead Provider Name	Estimate of What you Will Pay	Estimate of What Insurance Will Pay	Estimate of Combined Payments	Precision of the Cost Estimate	Typical Patient Complexity	Contact Info
* SALEM RADIOLOGY	\$35	\$144	\$179	HIGH	MEDIUM	SALEM RADIOLOGY 603.893.4352
SOUTHERN NH RADIOLOGY CONSULTANTS, PC	\$41	\$167	\$208	LOW	VERY HIGH	SOUTHERN NH RADIOLOGY CONSULTANTS, PC 603.627.1661
SOUTHERN NH MEDICAL CENTER	\$42	\$171	\$213	MEDIUM	MEDIUM	SOUTHERN NH MEDICAL CENTER 603.577.2000
DARTMOUTH HITCHCOCK SOUTH	\$45	\$181	\$226	HIGH	LOW	DARTMOUTH HITCHCOCK SOUTH 603.650.5000
ASSOCIATED RADIOLOGISTS PA	\$49	\$199	\$248	LOW	MEDIUM	ASSOCIATED RADIOLOGISTS PA 603.577.2800
PORTSMOUTH RADIOLOGICAL ASSOCIATES, PA	\$51	\$205	\$256	LOW	MEDIUM	603.436.5569
NASHUA RADIOLOGY PA	\$57	\$228	\$285	VERY LOW	MEDIUM	NASHUA RADIOLOGY PA 603.882.3000
ST JOSEPH HOSPITAL	\$57	\$228	\$285	VERY LOW	MEDIUM	ST JOSEPH HOSPITAL 603.882.3000
CONCORD HOSPITAL	\$58	\$235	\$293	MEDIUM	HIGH	CONCORD HOSPITAL 603.228.7145

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Thursday, May 17, 2007

Detailed estimates for Chest X-Ray

Procedure: Chest X-Ray

Insurance Plan: Harvard Pilgrim HC, Health Maintenance Organization (HMO)

Within: 50 miles of 03801

Deductible and Coinsurance Amount: \$0.00 / 20%

Lead Provider Name	Estimate of What you Will Pay	Estimate of What Insurance Will Pay	Estimate of Combined Payments	Precision of the Cost Estimate	Typical Patient Complexity	Contact Info
* SALEM RADIOLOGY	\$31	\$128	\$159	HIGH	MEDIUM	SALEM RADIOLOGY 603.893.4352
DARTMOUTH HITCHCOCK SOUTH	\$37	\$150	\$187	HIGH	LOW	DARTMOUTH HITCHCOCK SOUTH 603.650.5000
CATHOLIC MEDICAL CENTER	\$38	\$155	\$193	VERY LOW	MEDIUM	CATHOLIC MEDICAL CENTER 800.437.9666
NASHUA RADIOLOGY PA	\$39	\$159	\$198	LOW	MEDIUM	NASHUA RADIOLOGY PA 603.882.3000
PARKLAND MEDICAL CENTER	\$39	\$160	\$199	LOW	MEDIUM	PARKLAND MEDICAL CENTER 603.432.1500
ST JOSEPH HOSPITAL	\$40	\$162	\$202	MEDIUM	MEDIUM	ST JOSEPH HOSPITAL 603.882.3000
ASSOCIATED RADIOLOGISTS PA	\$41	\$168	\$209	MEDIUM	MEDIUM	ASSOCIATED RADIOLOGISTS PA 603.577.2800
SOUTHERN NH MEDICAL CENTER	\$43	\$172	\$215	MEDIUM	MEDIUM	SOUTHERN NH MEDICAL CENTER 603.577.2000
ELLIOT HOSPITAL	\$43	\$173	\$216	LOW	HIGH	ELLIOT HOSPITAL 603.669.5300
SOUTHERN NH RADIOLOGY CONSULTANTS, PC	\$43	\$173	\$216	MEDIUM	VERY HIGH	SOUTHERN NH RADIOLOGY CONSULTANTS, PC 603.627.1661
LAKES REGION GENERAL HOSPITAL	\$43	\$175	\$218	MEDIUM	HIGH	LAKES REGION GENERAL HOSPITAL 603.527.7171
SPEARE MEMORIAL HOSPITAL	\$48	\$196	\$244	MEDIUM	LOW	SPEARE MEMORIAL HOSPITAL 603.536.1120
DERRY IMAGING CENTER	\$49	\$199	\$248	HIGH	VERY HIGH	DERRY IMAGING CENTER 603.537.1363

LAKES REGION RADIOLOGY	\$49	\$199	\$248	MEDIUM	HIGH	<u>LAKES REGION RADIOLOGY</u> 603.524.3211
FRISBIE MEMORIAL HOSPITAL	\$49	\$200	\$249	VERY LOW	MEDIUM	<u>FRISBIE MEMORIAL HOSPITAL</u>
PORTSMOUTH RADIOLOGICAL ASSOCIATES, PA	\$50	\$202	\$252	LOW	MEDIUM	603.436.5569
* EXETER HOSPITAL	\$56	\$226	\$282	HIGH	MEDIUM	<u>EXETER HOSPITAL</u> 603.778.7311
PORTSMOUTH REGIONAL HOSPITAL - HCA AFFIL	\$58	\$235	\$293	LOW	MEDIUM	<u>PORTSMOUTH REGIONAL HOSPITAL - HCA AFFIL</u> 603.436.5110
CONCORD HOSPITAL	\$66	\$267	\$333	HIGH	HIGH	<u>CONCORD HOSPITAL</u> 603.228.7145
WENTWORTH DOUGLASS HOSPITAL	\$69	\$280	\$349	MEDIUM	MEDIUM	<u>WENTWORTH DOUGLASS HOSPITAL</u> 603.742.5252
RADIATION ONCOLOGY ASSOCIATES	\$83	\$332	\$415	HIGH	VERY HIGH	<u>RADIATION ONCOLOGY ASSOCIATES</u> 603.663.1800

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Thursday, May 17, 2007

Detailed estimates for Chest X-Ray

Procedure: Chest X-Ray
Within: 50 miles of 03801

Lead Provider Name	Median Charge Amount For Procedure	Median Charge Less 15% Uninsured Discount	Contact for Patient Financial Services
GREATER MANCHESTER IMAGING CENTER	\$220	\$187.00	GREATER MANCHESTER IMAGING CENTER 603.663.2663
GREATER PAWTUCKAWAY IMAGING CENTER	\$266	\$226.10	GREATER PAWTUCKAWAY IMAGING CENTER 603.895.8000
SALEM RADIOLOGY	\$295	\$250.75	SALEM RADIOLOGY 603.893.4352
DARTMOUTH HITCHCOCK SOUTH	\$334	\$283.90	DARTMOUTH HITCHCOCK SOUTH 603.650.5000
SPEARE MEMORIAL HOSPITAL	\$343	\$291.55	SPEARE MEMORIAL HOSPITAL 603.536.1120
LAKES REGION GENERAL HOSPITAL	\$370	\$314.50	LAKES REGION GENERAL HOSPITAL 603.527.7171

LAKES REGION RADIOLOGY	\$370	\$314.50	<u>LAKES REGION RADIOLOGY</u> 603.524.3211
HUGGINS HOSPITAL	\$380	\$323.00	<u>HUGGINS HOSPITAL</u> 603.569.7500
EXETER HOSPITAL	\$386	\$328.10	<u>EXETER HOSPITAL</u> 603.778.7311
ASSOCIATED RADIOLOGISTS PA	\$404	\$343.40	<u>ASSOCIATED RADIOLOGISTS PA</u> 603.577.2800
PARKLAND MEDICAL CENTER	\$405	\$344.25	<u>PARKLAND MEDICAL CENTER</u> 603.432.1500
FRISBIE MEMORIAL HOSPITAL	\$406	\$345.10	<u>FRISBIE MEMORIAL HOSPITAL</u>
CATHOLIC MEDICAL CENTER	\$419	\$356.15	<u>CATHOLIC MEDICAL CENTER</u> 800.437.9666
SOUTHERN NH MEDICAL CENTER	\$424	\$360.40	<u>SOUTHERN NH MEDICAL CENTER</u> 603.577.2000
PORTSMOUTH RADIOLOGICAL ASSOCIATES, PA	\$435	\$369.75	603.436.5569
ST JOSEPH HOSPITAL	\$441	\$374.85	<u>ST JOSEPH HOSPITAL</u> 603.882.3000
ELLIOT HOSPITAL	\$462	\$392.70	<u>ELLIOT HOSPITAL</u> 603.669.5300
CONCORD HOSPITAL	\$469	\$398.65	<u>CONCORD HOSPITAL</u> 603.228.7145
WENTWORTH DOUGLASS HOSPITAL	\$475	\$403.75	<u>WENTWORTH DOUGLASS HOSPITAL</u> 603.742.5252
PORTSMOUTH REGIONAL HOSPITAL - HCA AFFIL	\$507	\$430.95	<u>PORTSMOUTH REGIONAL HOSPITAL - HCA AFFIL</u> 603.436.5110
WOMEN'S LIFE IMAGING	\$760	\$646.00	<u>WOMEN'S LIFE IMAGING</u> 603.742.6673

**RADIATION
ONCOLOGY
ASSOCIATES**

\$830

\$705.50

**RADIATION
ONCOLOGY
ASSOCIATES**
603.663.1800**DERRY
IMAGING
CENTER**

\$1075

\$913.75

**DERRY
IMAGING
CENTER**
603.537.1363**Column Heading Definitions:**

Lead Provider This is the single entity that all health care procedure costs are assigned to in HealthCost. Even when separate payments are made to a physician and a hospital, the estimated payment amount is the combined total amount paid. When a Lead Provider is not listed in the results, we do not have sufficient data to calculate an estimate.

Median Charge Amount is the median amount charged by the lead health organization and physicians for the services rendered. The charge amount is in effect, the "list" price for the procedure.

15% Uninsured Discount This discount amount represents a typical uninsured discount currently offered by New Hampshire hospital providers. To learn more about specific programs, call the financial services phone number in the table above for a health care provider.

This website was developed by New Hampshire Health Information Center, NH Institute for Health Policy and Practice, and websolutions for the New Hampshire Insurance Department in conjunction with the Department of Insurance Advisory Council



MRI- KNEE

[Deductible- \$500

Co-Pay- 30%]

[The website allows you to enter any deductible and co-pay amount for your review]

- ANTHEM PPO
- CIGNA PPO
- HARVARD PILGRIM PPO
- AETNA HMO
- HARVARD PILGRIM HMO
- MEGA INDEMNITY
- UNINSURED

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Thursday, May 17, 2007

Detailed estimates for MRI - Knee

Procedure: MRI - Knee

Insurance Plan: Anthem - NH, Preferred Provider Organization (PPO)

Within: 50 miles of 03801

Deductible and Coinsurance Amount: \$500.00 / 30%

Lead Provider Name	Estimate of What you Will Pay	Estimate of What Insurance Will Pay	Estimate of Combined Payments	Precision of the Cost Estimate	Typical Patient Complexity	Contact Info
BEDFORD AMBULATORY SURGICAL C	\$567	\$159	\$726	VERY LOW	MEDIUM	<u>BEDFORD AMBULATORY SURGICAL C</u> 603.622.3670
SALEM RADIOLOGY	\$577	\$182	\$759	MEDIUM	LOW	<u>SALEM RADIOLOGY</u> 603.893.4352
DARTMOUTH HITCHCOCK SOUTH	\$629	\$302	\$931	LOW	MEDIUM	<u>DARTMOUTH HITCHCOCK SOUTH</u> 603.650.5000
HUGGINS HOSPITAL	\$639	\$327	\$966	MEDIUM	MEDIUM	<u>HUGGINS HOSPITAL</u> 603.569.7500
CONCORD HOSPITAL	\$670	\$398	\$1068	VERY LOW	MEDIUM	<u>CONCORD HOSPITAL</u> 603.228.7145
* EXETER HOSPITAL	\$709	\$488	\$1197	HIGH	MEDIUM	<u>EXETER HOSPITAL</u> 603.778.7311
SOUTHERN NH MEDICAL CENTER	\$715	\$504	\$1219	VERY LOW	VERY HIGH	<u>SOUTHERN NH MEDICAL CENTER</u> 603.577.2000
CATHOLIC MEDICAL CENTER	\$743	\$570	\$1313	HIGH	LOW	<u>CATHOLIC MEDICAL CENTER</u> 800.437.9666
SOUTHERN NH RADIOLOGY CONSULTANTS, PC	\$765	\$621	\$1386	VERY LOW	MEDIUM	<u>SOUTHERN NH RADIOLOGY CONSULTANTS, PC</u> 603.627.1661
LAKES REGION RADIOLOGY	\$773	\$638	\$1411	LOW	MEDIUM	<u>LAKES REGION RADIOLOGY</u> 603.524.3211
LAKES REGION GENERAL HOSPITAL	\$778	\$650	\$1428	LOW	HIGH	<u>LAKES REGION GENERAL HOSPITAL</u> 603.527.7171
GREATER MANCHESTER IMAGING CENTER	\$845	\$808	\$1653	LOW	MEDIUM	<u>GREATER MANCHESTER IMAGING CENTER</u> 603.663.2663
FRISBIE MEMORIAL HOSPITAL	\$854	\$826	\$1680	HIGH	VERY HIGH	<u>FRISBIE MEMORIAL HOSPITAL</u> <u>ASSOCIATED</u>

ASSOCIATED RADIOLOGISTS PA	\$868	\$860	\$1728	VERY LOW	HIGH	<u>RADIOLOGISTS</u> PA 603.577.2800
* ELLIOT HOSPITAL	\$895	\$922	\$1817	HIGH	MEDIUM	<u>ELLIOT</u> HOSPITAL 603.669.5300
SPEARE MEMORIAL HOSPITAL	\$895	\$924	\$1819	MEDIUM	MEDIUM	<u>SPEARE</u> MEMORIAL HOSPITAL 603.536.1120
PARKLAND MEDICAL CENTER	\$961	\$1077	\$2038	LOW	VERY LOW	<u>PARKLAND</u> MEDICAL CENTER 603.432.1500
* PORTSMOUTH REGIONAL HOSPITAL - HCA AFFIL	\$976	\$1112	\$2088	HIGH	MEDIUM	<u>PORTSMOUTH</u> REGIONAL HOSPITAL - HCA AFFIL 603.436.5110
WENTWORTH DOUGLASS HOSPITAL	\$1007	\$1183	\$2190	HIGH	VERY HIGH	<u>WENTWORTH</u> DOUGLASS HOSPITAL 603.742.5252
PORTSMOUTH RADIOLOGICAL ASSOCIATES, PA	\$1018	\$1209	\$2227	LOW	MEDIUM	603.436.5569
NASHUA RADIOLOGY PA	\$1088	\$1374	\$2462	VERY LOW	MEDIUM	<u>NASHUA</u> RADIOLOGY PA 603.882.3000
ST JOSEPH HOSPITAL	\$1132	\$1475	\$2607	MEDIUM	MEDIUM	<u>ST JOSEPH</u> HOSPITAL 603.882.3000

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Estimate of What You Will Pay - This figure represents out of pocket payments you may be required to pay based upon your health coverage, your deductible, and your coinsurance. Deductibles and co-insurance are paid after the service is provided.

Estimate of What Insurance Will Pay - This figure represents the payment made by your insurance company to the health care provider.

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Precision of the Cost Estimate - This is an indication of how accurate, based upon statistical analysis and historical experience, the cost estimate is. A lower precision means that there is a greater likelihood that the amount of your bill will differ from the cost estimate. A high precision means that the amount of your bill will have a greater likelihood of being close to the cost estimate. Some estimates are more precise than others because the amount charged for the procedure across all patients is more uniform. When the amount charged for a procedure or services across all patients varies considerably, it is more difficult to estimate an expected cost for the procedure or service, and as result, the cost estimate is less precise.

Typical Patient Complexity - This is an indication of how healthy or sick the patients are that are seen for this particular procedure at this health care provider. Some health care providers see sicker patients, or patients that are more complex, and thus there may be more costs associated with treating them.

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Thursday, May 17, 2007

Detailed estimates for MRI - Knee

Procedure: MRI - Knee

Insurance Plan: CIGNA, Preferred Provider Organization (PPO)

Within: 50 miles of 03801

Deductible and Coinsurance Amount: \$500.00 / 30%

Lead Provider Name	Estimate of What you Will Pay	Estimate of What Insurance Will Pay	Estimate of Combined Payments	Precision of the Cost Estimate	Typical Patient Complexity	Contact Info
CATHOLIC MEDICAL CENTER	\$592	\$216	\$808	HIGH	LOW	<u>CATHOLIC MEDICAL CENTER</u> 800.437.9666
SOUTHERN NH MEDICAL CENTER	\$620	\$283	\$903	LOW	VERY HIGH	<u>SOUTHERN NH MEDICAL CENTER</u> 603.577.2000
HUGGINS HOSPITAL	\$716	\$507	\$1223	MEDIUM	MEDIUM	<u>HUGGINS HOSPITAL</u> 603.569.7500
CONCORD HOSPITAL	\$725	\$525	\$1250	LOW	MEDIUM	<u>CONCORD HOSPITAL</u> 603.228.7145
EXETER HOSPITAL	\$733	\$546	\$1279	HIGH	MEDIUM	<u>EXETER HOSPITAL</u> 603.778.7311
ELLIOT HOSPITAL	\$764	\$617	\$1381	HIGH	MEDIUM	<u>ELLIOT HOSPITAL</u> 603.669.5300
LAKES REGION GENERAL HOSPITAL	\$770	\$633	\$1403	LOW	HIGH	<u>LAKES REGION GENERAL HOSPITAL</u> 603.527.7171
FRISBIE MEMORIAL HOSPITAL	\$793	\$684	\$1477	HIGH	VERY HIGH	<u>FRISBIE MEMORIAL HOSPITAL</u>
PARKLAND MEDICAL CENTER	\$798	\$698	\$1496	MEDIUM	VERY LOW	<u>PARKLAND MEDICAL CENTER</u> 603.432.1500
WENTWORTH DOUGLASS HOSPITAL	\$875	\$877	\$1752	HIGH	VERY HIGH	<u>WENTWORTH DOUGLASS HOSPITAL</u> 603.742.5252
ST JOSEPH HOSPITAL	\$912	\$962	\$1874	MEDIUM	MEDIUM	<u>ST JOSEPH HOSPITAL</u> 603.882.3000
PORTSMOUTH REGIONAL HOSPITAL - HCA AFFIL	\$970	\$1097	\$2067	MEDIUM	MEDIUM	<u>PORTSMOUTH REGIONAL HOSPITAL - HCA AFFIL</u> 603.436.5110

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Thursday, May 17, 2007

Detailed estimates for MRI - Knee

Procedure: MRI - Knee

Insurance Plan: Harvard Pilgrim HC, Preferred Provider Organization (PPO)

Within: 50 miles of 03801

Deductible and Coinsurance Amount: \$500.00 / 30%

Lead Provider Name	Estimate of What you Will Pay	Estimate of What Insurance Will Pay	Estimate of Combined Payments	Precision of the Cost Estimate	Typical Patient Complexity	Contact Info
* ELLIOT HOSPITAL	\$405	\$0	\$405	HIGH	MEDIUM	ELLIOT HOSPITAL 603.669.5300
* ST JOSEPH HOSPITAL	\$586	\$203	\$789	HIGH	MEDIUM	ST JOSEPH HOSPITAL 603.882.3000
PARKLAND MEDICAL CENTER	\$618	\$276	\$894	LOW	VERY LOW	PARKLAND MEDICAL CENTER 603.432.1500
LAKES REGION RADIOLOGY	\$699	\$467	\$1166	LOW	MEDIUM	LAKES REGION RADIOLOGY 603.524.3211
LAKES REGION GENERAL HOSPITAL	\$800	\$703	\$1503	LOW	HIGH	LAKES REGION GENERAL HOSPITAL 603.527.7171
CONCORD HOSPITAL	\$825	\$760	\$1585	LOW	MEDIUM	CONCORD HOSPITAL 603.228.7145
FRISBIE MEMORIAL HOSPITAL	\$891	\$915	\$1806	HIGH	VERY HIGH	FRISBIE MEMORIAL HOSPITAL
PORTSMOUTH REGIONAL HOSPITAL - HCA AFFIL	\$897	\$929	\$1826	LOW	MEDIUM	PORTSMOUTH REGIONAL HOSPITAL - HCA AFFIL 603.436.5110
WENTWORTH DOUGLASS HOSPITAL	\$1007	\$1184	\$2191	HIGH	VERY HIGH	WENTWORTH DOUGLASS HOSPITAL 603.742.5252

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Detailed estimates for MRI - Knee

Procedure: MRI - Knee

Insurance Plan: Aetna, Health Maintenance Organization (HMO)

Within: 50 miles of 03801

Deductible and Coinsurance Amount: \$500.00 / 30%

Lead Provider Name	Estimate of What you Will Pay	Estimate of What Insurance Will Pay	Estimate of Combined Payments	Precision of the Cost Estimate	Typical Patient Complexity	Contact Info
SOUTHERN NH MEDICAL CENTER	\$650	\$352	\$1002	LOW	VERY HIGH	<u>SOUTHERN NH MEDICAL CENTER</u> 603.577.2000
* EXETER HOSPITAL	\$743	\$568	\$1311	HIGH	MEDIUM	<u>EXETER HOSPITAL</u> 603.778.7311
* ELLIOT HOSPITAL	\$891	\$915	\$1806	HIGH	MEDIUM	<u>ELLIOT HOSPITAL</u> 603.669.5300
ST JOSEPH HOSPITAL	\$1083	\$1362	\$2445	MEDIUM	MEDIUM	<u>ST JOSEPH HOSPITAL</u> 603.882.3000

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Detailed estimates for MRI - Knee

Procedure: MRI - Knee

Insurance Plan: Harvard Pilgrim HC, Health Maintenance Organization (HMO)

Within: 50 miles of 03801

Deductible and Coinsurance Amount: \$500.00 / 30%

Lead Provider Name	Estimate of What you Will Pay	Estimate of What Insurance Will Pay	Estimate of Combined Payments	Precision of the Cost Estimate	Typical Patient Complexity	Contact Info
SALEM RADIOLOGY	\$546	\$110	\$656	MEDIUM	LOW	SALEM RADIOLOGY 603.893.4352
BEDFORD AMBULATORY SURGICAL C	\$558	\$138	\$696	VERY LOW	MEDIUM	BEDFORD AMBULATORY SURGICAL C 603.622.3670
* ELLIOT HOSPITAL	\$559	\$139	\$698	HIGH	MEDIUM	ELLIOT HOSPITAL 603.669.5300
CATHOLIC MEDICAL CENTER	\$563	\$148	\$711	HIGH	LOW	CATHOLIC MEDICAL CENTER 800.437.9666
NASHUA RADIOLOGY PA	\$586	\$203	\$789	VERY LOW	MEDIUM	NASHUA RADIOLOGY PA 603.882.3000
* ST JOSEPH HOSPITAL	\$586	\$203	\$789	HIGH	MEDIUM	ST JOSEPH HOSPITAL 603.882.3000
DARTMOUTH HITCHCOCK SOUTH	\$588	\$208	\$796	LOW	MEDIUM	DARTMOUTH HITCHCOCK SOUTH 603.650.5000
PARKLAND MEDICAL CENTER	\$595	\$222	\$817	MEDIUM	VERY LOW	PARKLAND MEDICAL CENTER 603.432.1500
SOUTHERN NH RADIOLOGY CONSULTANTS, PC	\$608	\$253	\$861	VERY LOW	MEDIUM	SOUTHERN NH RADIOLOGY CONSULTANTS, PC 603.627.1661
LAKES REGION RADIOLOGY	\$628	\$299	\$927	LOW	MEDIUM	LAKES REGION RADIOLOGY 603.524.3211
* EXETER HOSPITAL	\$702	\$472	\$1174	HIGH	MEDIUM	EXETER HOSPITAL 603.778.7311
ASSOCIATED RADIOLOGISTS PA	\$706	\$482	\$1188	LOW	HIGH	ASSOCIATED RADIOLOGISTS PA 603.577.2800
SOUTHERN NH MEDICAL CENTER	\$706	\$482	\$1188	MEDIUM	VERY HIGH	SOUTHERN NH MEDICAL CENTER 603.577.2000
LAKES REGION GENERAL						LAKES REGION GENERAL

HOSPITAL	\$757	\$602	\$1359	LOW	HIGH	<u>HOSPITAL</u> 603.527.7171
CONCORD HOSPITAL	\$820	\$747	\$1567	LOW	MEDIUM	<u>CONCORD</u> <u>HOSPITAL</u> 603.228.7145
SPEARE MEMORIAL HOSPITAL	\$822	\$752	\$1574	MEDIUM	MEDIUM	<u>SPEARE</u> <u>MEMORIAL</u> <u>HOSPITAL</u> 603.536.1120
FRISBIE MEMORIAL HOSPITAL	\$834	\$781	\$1615	HIGH	VERY HIGH	<u>FRISBIE</u> <u>MEMORIAL</u> <u>HOSPITAL</u>
PORTSMOUTH RADIOLOGICAL ASSOCIATES, PA	\$896	\$927	\$1823	LOW	MEDIUM	603.436.5569
PORTSMOUTH REGIONAL HOSPITAL - HCA AFFIL	\$896	\$927	\$1823	LOW	MEDIUM	<u>PORTSMOUTH</u> <u>REGIONAL</u> <u>HOSPITAL -</u> <u>HCA AFFIL</u> 603.436.5110
WENTWORTH DOUGLASS HOSPITAL	\$1007	\$1184	\$2191	HIGH	VERY HIGH	<u>WENTWORTH</u> <u>DOUGLASS</u> <u>HOSPITAL</u> 603.742.5252

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Thursday, May 17, 2007

Detailed estimates for MRI - Knee

Procedure: [MRI - Knee](#)

Insurance Plan: MEGA, Indemnity/Traditional Insurance

Within: 50 miles of 03801

Deductible and Coinsurance Amount: \$500.00 / 30%

Lead Provider Name	Estimate of What you Will Pay	Estimate of What Insurance Will Pay	Estimate of Combined Payments	Precision of the Cost Estimate	Typical Patient Complexity	Contact Info
SALEM RADIOLOGY	\$589	\$208	\$797	MEDIUM	LOW	SALEM RADIOLOGY 603.893.4352
CATHOLIC MEDICAL CENTER	\$741	\$565	\$1306	LOW	LOW	CATHOLIC MEDICAL CENTER 800.437.9666
EXETER HOSPITAL	\$797	\$695	\$1492	HIGH	MEDIUM	EXETER HOSPITAL 603.778.7311
CONCORD HOSPITAL	\$848	\$813	\$1661	LOW	MEDIUM	CONCORD HOSPITAL 603.228.7145
FRISBIE MEMORIAL HOSPITAL	\$884	\$896	\$1780	HIGH	VERY HIGH	FRISBIE MEMORIAL HOSPITAL
WENTWORTH DOUGLASS HOSPITAL	\$932	\$1009	\$1941	HIGH	VERY HIGH	WENTWORTH DOUGLASS HOSPITAL 603.742.5252
ELLIOT HOSPITAL	\$971	\$1099	\$2070	MEDIUM	MEDIUM	ELLIOT HOSPITAL 603.669.5300
ST JOSEPH HOSPITAL	\$1053	\$1291	\$2344	HIGH	MEDIUM	ST JOSEPH HOSPITAL 603.882.3000

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Detailed estimates for MRI - Knee

Procedure: MRI - Knee

Within: 50 miles of 03801

Lead Provider Name	Median Charge Amount For Procedure	Median Charge Less 15% Uninsured Discount	Contact for Patient Financial Services
SALEM RADIOLOGY	\$1247	\$1059.95	<u>SALEM RADIOLOGY</u> 603.893.4352
HUGGINS HOSPITAL	\$1291	\$1097.35	<u>HUGGINS HOSPITAL</u> 603.569.7500
SOUTHERN NH MEDICAL CENTER	\$1377	\$1170.45	<u>SOUTHERN NH MEDICAL CENTER</u> 603.577.2000
CATHOLIC MEDICAL CENTER	\$1436	\$1220.60	<u>CATHOLIC MEDICAL CENTER</u> 800.437.9666
ASSOCIATED RADIOLOGISTS PA	\$1571	\$1335.35	<u>ASSOCIATED RADIOLOGISTS PA</u> 603.577.2800
EXETER HOSPITAL	\$1620	\$1377.00	<u>EXETER HOSPITAL</u> 603.778.7311
DARTMOUTH HITCHCOCK SOUTH	\$1634	\$1388.90	<u>DARTMOUTH HITCHCOCK SOUTH</u> 603.650.5000

LAKES REGION RADIOLOGY	\$1828	\$1553.80	LAKES REGION RADIOLOGY 603.524.3211
CONCORD HOSPITAL	\$1988	\$1689.80	CONCORD HOSPITAL 603.228.7145
FRISBIE MEMORIAL HOSPITAL	\$2018	\$1715.30	FRISBIE MEMORIAL HOSPITAL
LAKES REGION GENERAL HOSPITAL	\$2077	\$1765.45	LAKES REGION GENERAL HOSPITAL 603.527.7171
GREATER MANCHESTER IMAGING CENTER	\$2169	\$1843.65	GREATER MANCHESTER IMAGING CENTER 603.663.2663
PARKLAND MEDICAL CENTER	\$2234	\$1898.90	PARKLAND MEDICAL CENTER 603.432.1500
ELLIOT HOSPITAL	\$2294	\$1949.90	ELLIOT HOSPITAL 603.669.5300
SPEARE MEMORIAL HOSPITAL	\$2326	\$1977.10	SPEARE MEMORIAL HOSPITAL 603.536.1120
BEDFORD AMBULATORY SURGICAL C	\$2382	\$2024.70	BEDFORD AMBULATORY SURGICAL C 603.622.3670
PORTSMOUTH RADIOLOGICAL ASSOCIATES, PA	\$2392	\$2033.20	603.436.5569
PORTSMOUTH REGIONAL HOSPITAL - HCA AFFIL	\$2392	\$2033.20	PORTSMOUTH REGIONAL HOSPITAL - HCA AFFIL 603.436.5110
WENTWORTH DOUGLASS HOSPITAL	\$2742	\$2330.70	WENTWORTH DOUGLASS HOSPITAL 603.742.5252
ST JOSEPH HOSPITAL	\$3002	\$2551.70	ST JOSEPH HOSPITAL 603.882.3000

Column Heading Definitions:

Lead Provider This is the single entity that all health care procedure costs are assigned to in HealthCost. Even when separate payments are made to a physician and a hospital, the estimated payment amount is the combined total amount paid. When a Lead Provider is not listed in the results, we do not have sufficient data to calculate an estimate.