

Charge Description	Price
RT Carbon Monoxide Diffusion DLC Charge	\$322.00
RT Lung Volumes Charge	\$435.00
RT Lung Volumes Charge	\$446.00
RT Overnight Oximetry Charge	\$524.00
RT Oxygen Per Day Charge	\$24.00
RT Oxygen Therapy Initial Charge	\$24.00
RT Oxygen Therapy Subsequent Charge	\$13.00
RT Plethysmography TR Only Charge	\$318.00
RT POX, Multiple Determination Charge	\$408.00
RT POX, Single Determination Charge	\$43.00
RT Pre & Post Spiro Charge	\$500.00
RT Pulmonary Rehab Charge	\$162.00
RT Pulmonary Rehab Maintenance	\$24.00
RT Pulmonary Rehab Non COPD Charge	\$83.00
RT Sputum Induction Subsequent Charge	\$38.00
RT Ventilator Services - Subs Charge	\$928.00
Sputum Induction - RT Charge	\$40.00
Ventilator Services Initial	\$958.00
Routine Polysomnography	\$3,695.00
SL Polysomnography 4 or More	\$2,957.00
SL Polysomnography W/CPAP	\$3,352.00
SPLIT NIGHT SLEEP STUDY	\$3,801.00
EKG 12 Lead, Tracing Only Charge	\$76.00
Extremity Artery Study, Single Charge	\$233.00
EVENT MONITOR	\$202.00
EEG	\$815.00
HOLTER MONITOR 24 HR	\$620.00
Lexiscan Stress Test	\$1,498.00
HOLTER 48	\$620.00
CARDIAC STRESS TEST	\$1,498.00
LEXISCAN STRESS TEST	\$1,498.00
CARDIOLITE STRESS TEST	\$1,498.00
Cardiac Rehab Phase 2 CHARGE	\$233.00
Cardiac Rehab Phase 3 CHARGE	\$24.00
HOLTER MONITOR 24-48 HR SCANNING CHARGE	\$631.00
CARDIAC ECHOCARDIOGRAM W/STRESS	\$1,498.00
Aerosol Treatment	\$65.00
Breathing Exercises	\$40.00
EKG	\$123.00
Respiratory Care	\$252.00

Disclaimer: The out-of-pocket cost estimate information is not a guarantee of final patient responsibility. Estimates are based on information provided by you and/or your physician and your insurance company. Timeliness of claims processing may affect your overall out of pocket estimate. Professional fees such as (physician, radiologist, pathology or specialist) may not be included in estimates as some of these services may be billed separately.

All estimates are based on estimate of provided service, and any and all health plan requirements such as: pre-authorization, pre-certification, referrals etc., prior to service. Patients are responsible for knowing if their individual health plan is "in-network" or "out-of-network" and if services are deemed experimental, investigational or medically necessary by individual's health plan.

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Charge Description	Price
RT OXYGEN THERAPY	\$26.00
Aerosol Initial	\$303.00
Aerosol Subsequent	\$303.00
Aerosol Treatment Charge	\$65.00
BIPAP SUBSEQUENT DAY	\$960.00
BiPAP/CPAP Initial	\$960.00
BiPAP/CPAP Subsequent	\$960.00
EKG RT Charge	\$123.00
IPPB Initial	\$46.00
IPPB Subsequent	\$38.00
Meter Dose Inhaler (MDI) Initial	\$303.00
Meter Dose Inhaler (MDI) Instruction	\$303.00
Meter Dose Inhaler (MDI) Subsequent	\$38.00
PEP Therapy Initial	\$118.00
PEP Therapy Subsequent	\$113.00

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