

PROVIDER SERVICES AGREEMENT BETWEEN
Solstice Health
and

THIS PROVIDER SERVICES AGREEMENT (“**Agreement**”) is made effective as of _____, _____ (the “**Effective Date**”) between Solstice, LLC (dba Solstice Health), a Wisconsin limited liability corporation (“**SH**”), and _____, a(n) Employer (“**Plan Sponsor**”). SH and Plan Sponsor are sometimes collectively referred to as “**Parties**”.

RECITALS:

A. Plan Sponsor is the sponsor of the Plan, as hereinafter defined, with respect to certain health benefit programs providing health care benefits and coverage to employees of Plan Sponsor and the eligible dependents of those employees.

B. SH is an organization that provides certain medical and surgical services and desires to provide such services to Participants, as hereinafter defined, at negotiated rates as set forth herein.

C. For purposes of this Agreement, capitalized terms not defined in the text of this Agreement shall have the meanings ascribed thereto on **Schedule 1** hereto.

ARTICLE 1

TERM AND TERMINATIONS

1.1 **Effective Date and Term.** The initial term of this Agreement shall commence on the Effective Date and continue for one (1) year, subject to the provisions contained herein.

1.2 **Termination For Any Reason.** Either party may terminate this Agreement for any reason, with or without cause, by providing written notice at least thirty (30) days in advance.

1.3 **Immediate Termination By Plan Sponsor.** Plan Sponsor may immediately terminate this Agreement in the event that Plan Sponsor reasonably determines that continued participation by such SH may adversely affect the health or welfare of Participants.

1.4 **Termination for Material Breach.** If either Party to this Agreement fails to comply in all material respects with the terms of this Agreement or to substantially perform in good faith the services and duties required herein, the other party may terminate this Agreement if the defaulting party, after having received thirty (30) day’s written notice from the terminating party of such default, has failed to correct such default.

1.5 **Effect of Termination.** Termination shall not release SH of its obligation to complete treatment of Participants then receiving treatment, nor shall termination relieve Plan Sponsor of its obligation to pay, in accordance with the terms hereof, for services provided by SH which were rendered prior to the effective time of termination of this Agreement.

ARTICLE II

OBLIGATIONS OF SOLSTICE HEALTH (SH)

2.1 **Surgical Services.** In exchange for the Compensation described in Article IV below and the other agreements of SH contained herein, SH agrees to provide Bundled SH Services to Participants, to the extent that the same fall within the scope of Covered Services. SH acknowledges that Plan Sponsor shall have a duty to pay SH for Bundled SH Services with respect to any particular Covered Person only after Plan Sponsor has provided its prior written approval authorizing SH to provide Covered Services to a particular Covered Person.

2.2 **Licensing and Credentialing.** SH shall maintain appropriate licensure, privileging or accreditation as applicable, with evidence of such compliance being submitted to Plan Sponsor upon request.

2.3 **Medical Records.** Medical records information on Participants must be maintained and made available to the Plan Sponsor for the purpose of assessing quality of care, and medical necessity and appropriateness of care provided to Participants. All records prepared or maintained by SH with respect to the services rendered hereunder shall be prepared in compliance with all federal and state laws and regulations applicable to the services rendered by SH hereunder, including applicable State and Federal laws related to privacy and confidentiality of medical records. SH shall obtain authorization from Participants to release such records to the Plan Sponsor at the time of each initial visit for a course of treatment.

2.4 **Professional Liability Insurance.** SH shall maintain professional liability and other insurance as required for its current licenses and accreditations, and provide certificates of such insurance at least once each year upon written request of Plan Sponsor.

ARTICLE III OBLIGATIONS OF PLAN SPONSOR

3.1 **Duty to Provide Support.** Plan Sponsor will provide a contact person with whom SH can communicate and coordinate patient care. Plan Sponsor will coordinate with SH the scheduling of any Covered Services for any Covered Person for whom Bundled SH Services are sought pursuant to the Plan.

3.2 **Payment for Services.** In connection with the rendering by SH of Covered Services to a Covered Person, Plan Sponsor shall pay to SH the compensation for those Covered Services determined in accordance with Article IV below.

3.3 **Identification For Covered Person.** Plan Sponsor will issue Covered Persons a means of identification, such as an ID card, which includes information necessary to elicit who to contact to determine Covered Persons' participation in the Plan. Both the Plan Sponsor and SH acknowledge that it is the Covered Person's responsibility to identify themselves and present proper documentation of authorization by Plan Sponsor when the Covered Person presents him or herself for surgery at SH's facility.

3.4 **Indemnification by Plan Sponsor.** Plan Sponsor shall indemnify and hold SH harmless from, against, and in respect of any and all claims, losses, costs, expenses (including court costs and reasonable attorney's fees), suits, actions, liabilities, obligations and damages, including interest and penalties thereon, that SH shall incur or suffer in connection with the breach by Plan Sponsor or any representation, warranty, covenant or agreement made by the Plan Sponsor herein.

ARTICLE IV COMPENSATION

4.1 **Pricing of Bundled SH Services.** Plan Sponsor shall pay SH in accordance with the rates evidenced on the attached Exhibit A Effective October 1 of every year, SH adjusts the pricing under its provider services agreements to meet expense increases it has experienced during the prior twelve (12) month period. Notwithstanding, if the Effective Date of this Agreement is on or after June 1 of any year, SH will not adjust pricing hereunder on October 1 but shall be entitled to so adjust the Exhibit A prices to meet expense increases effective as of the first day of the month six (6) full months after the Effective Date.

4.2 **Invoicing.** SH will submit all claims for Covered Services on a standard form invoice used by SH for its bundled service packages. Such claims must be submitted within ninety (90) days after the date of service provided to a Participant. Claims are subject to review for inappropriate billing

practices (e.g. non-compliance with the bundled price evidenced on SH's website) and appropriateness of treatment. The Participant's medical record must substantiate the services provided. Claims will be submitted by SH and shall include, at a minimum, the following to be considered clean and complete (i) SH's name; (ii) SH's tax identification number; (iii) identifying patient information; (iv) diagnosis; (v) date of service; and (vi) other information as reasonably required by the Plan Sponsor.

4.3 **Additional Pricing Issues.** Notwithstanding the package pricing referenced in Section 4.2 above, the following provisions shall apply to the extent applicable hereunder:

(a) **Implants.** Some SH Bundled Services include implants. Notwithstanding, any hardware or implants necessary for completion of the procedure (plates and screws, e.g. for orthopedic procedures) not included in the Section 4.1 bundled pricing will be provided at invoice cost without any mark-up and copies of the invoices will be provided to Plan Sponsor by SH.

(b) **Non-Identified Procedures.** In the event a procedure is performed by SH that is not listed on SH's website, the charges will be subject to an advance direct negotiation between SH and Plan Sponsor.

(c) **Initial Consultation.** The initial consultation fee shall be reimbursed by Plan Sponsor at a rate of \$200.00 regardless of the consultation outcome. The invoice will include the \$200.00 consultation fee in addition to the above surgery fee. However, in the event the surgery proves not to be warranted or performed, the invoice shall include the consultation fee only.

4.4 **Timing of Payment for Services.** Plan Sponsor shall pay to SH all amounts due within fifteen (15) days of receipt of billing statement from SH.

4.5. **Deductibles and Co-Payments.** It shall be the responsibility of Plan Sponsor to collect from Participants any copayments, deductibles or coinsurance applicable under the Plan to the services rendered by SH hereunder. SH shall not be responsible for collection of any co-payments or deductibles as a condition of receiving compensation for Bundled SH Services at the rate described in Section 4.1 above.

4.6 **Late Charges.** A late charge of 5% will be assessed for any payments not made within the 15 day time period set forth above.

4.7 **Overpayments.** Any overpayment to SH will not be taken from future payments to SH. In the event of an overpayment, Plan Sponsor will send notice to SH, at which time SH will remit the amount, if agreed to, of the requested overpayment to Plan Sponsor. Plan Sponsor agrees that any overpayment to SH from Plan Sponsor will not be requested on previously undisputed claims more than six (6) months after the date of payment by Plan for service(s) which were provided to the Covered Person.

ARTICLE V

OTHER AGREEMENTS

5.1 **Employment Relationship.** SH is an independent contractor and nothing herein shall be construed to create an employer/employee relationship between SH and Plan Sponsor. SH and any of its employees who provide services under the terms of this Agreement are employees of SH and shall not be considered employees of the Plan Sponsor. SH shall keep in force and provide documentation of worker's compensation insurance coverage and shall be solely responsible for unemployment compensation contribution and all benefits and other payroll tax matters for the employees of SH who furnish services under the terms of this Agreement.

5.2 **Non-discrimination.** The parties agree that in the performance of this contract they will not discriminate or permit discrimination against any person or group of persons on the grounds of race, color, sex, age, religion, national origin or handicap in any manner prohibited by the laws of the United States or of the State of Wisconsin.

5.3 **Assignment.** This Agreement may not be assigned by either party, nor may either party delegate its duties hereunder, without the express written consent of the other party.

5.4 **Amendments.** This Agreement may not be amended except by an instrument in writing signed by SH and Plan Sponsor.

5.5 **Notices.** Any notices required or permitted to be given hereunder shall be deemed to have been duly given if in writing and delivered personally or sent by United States first class mail, postpaid, addressed or delivered to the addresses set forth below the signatures of Parties.

5.6 **Governing Law.** This Agreement shall be governed by, and construed in accordance with, the laws of the State of Wisconsin without regard to its principles of conflict of laws.

5.7 **Choice of Forum.** Plan Sponsor and SH agree that the exclusive venue for any litigation arising from this Agreement shall be proper only in the appropriate state or federal courts located in Wisconsin.

5.8 **No Waiver.** No waiver of breach of any provision of this Agreement shall be construed to be a waiver of any breach of any other provision. No delay in acting with regards to any breach of any provision of this Agreement shall be construed as a waiver of such breach.

5.9 **Binding Effect.** This Agreement shall be binding upon the Parties hereto and their respective heirs, legal representatives, successors and assigns.

5.10 **Entire Agreement.** The Parties acknowledge receipt of a copy of the Agreement and agree that with respect to the subject matter hereof, it is the entire understanding and agreement of the Parties regarding its subject matter, superseding any and all previous oral or written agreements regarding employment between Plan Sponsor and SH. There are no oral representations, understandings or agreements with SH or any of its officers or representatives covering the same subject matter.

5.11 **Construction of Terms.** If any term or provision of this Agreement or the application thereof to any person or circumstances shall, to any extent, be invalid or unenforceable the remainder of this Agreement or the application of such term or provision to persons in circumstances other than those as to which it is held invalid or unenforceable, shall not be affected thereby, and each term and provision of this Agreement shall be valid and enforceable to the fullest extent permitted by law.

5.12 **Business Associates Agreement.** To the extent mandated by the Health Insurance Portability and Accountability Act ("HIPAA") or other applicable law, SH and Plan Sponsor shall enter into a customary and reasonable form of Business Associates Agreement consistent with such laws.

5.13 **Severability.** If any provision of this Agreement is held to be invalid, void, or unenforceable, the remaining provisions shall nevertheless remain in full force and effect.

5.14 **Non-exclusive Agreement.** This Agreement is not an exclusive agreement for network member status or health care services availability.

5.15 **Use of Party's Name.** No party shall use the name of another party except as reasonably necessary for communications or other materials generally provided to administrative staff or vendors of a party or for Covered Persons, unless given prior written consent.

IN WITNESS WHEREOF, the undersigned have executed this Agreement to be effective as herein above provided.

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SIGNATURE PAGE TO PROVIDER SERVICES AGREEMENT

PLAN SPONSOR:

By: _____

Print Name:

Title:

ADDRESS: _____

PHONE: _____

FAX:

ATTN:

Date:

SH:

Solstice Health., a Wisconsin limited liability corporation

By: Dr. Timothy J. Murray

By: _____

Dr. Timothy J. Murray

ADDRESS: 959 N. Mayfair Road
Milwaukee, WI 53226

PHONE: 414-279-6800

FAX: 414-279-6801

ATTN: Dr. Timothy J. Murray

Date:

SCHEDULE 1

DEFINITIONS

As used in the Provider Services Agreement to which this Schedule is attached, the following terms shall have the meanings set forth below in this **Schedule 1:**

1. **“Bundled SH Services”** means the surgical services, anesthesia services and use of SH’s surgery center facility at 959 N. Mayfair Road, Milwaukee, WI 53226 necessary to accomplish, on an outpatient surgery basis, the Procedures delineated on **Exhibit A** to this Agreement.
2. **“Covered Services”** means a reasonable, medically necessary service, treatment or supply meant to improve a condition or Participant's health, and which is eligible for coverage in the Plan. Covered Services will be determined based upon Plan provisions.
3. **“Participants”** means any person or eligible dependent thereof entitled to receive Covered Services pursuant to the Plan.
4. **“Plan”** means the self-funded program(s) administered by Plan Sponsor providing health care benefits and coverage to the employees of Plan Sponsor and the eligible dependents of those employees, subject to the terms and conditions applicable to the provision of such services.

SURGERY CENTER PRICELIST		
CPT CODE	ORTHOPEDIC PROCEDURES	PRICES
CPT 26437	Sagittal Band Repair (Finger)	\$6,050.00
CPT 26952	Finger Amputation (Hand)	\$6,050.00
CPT 24359	Extensor Tendon Repair (Hand)	\$5,600.00
CPT 64910	Digital Nerve Repair (Thumb)	\$5,510.00
CPT 26860	Distal Interphalangeal Joint Fusion (Finger)	\$4,665.00
CPT 25000	Duypuytren's Contracture	\$3,990.00
CPT 25000	DeQuervain's Release	\$3,990.00
CPT 26145	Synovectomy, Tendon Sheath, Palm and/or Finger	\$3,850.00
CPT 26727	Percutaneous Pinning, Finger (1-2 pins)	\$3,620.00
CPT 26055	Trigger Finger Release	\$3,390.00
CPT 64721, 64718, 64708	Cubital Tunnel Release w/ Carpal Tunnel Release	\$7,640.00
CPT 25215	Proximal Row Carpectomy	\$7,055.00
CPT 25447	Arthroplasty, Suspensionplasty, Interposition Intercarpal or CMC Joints	\$6,060.00
CPT 29840	Wrist Arthroscopy	\$5,685.00
CPT 29848	Endoscopic Carpal Tunnel Release	\$5,250.00
CPT 64721	Carpal Tunnel Release	\$3,475.00
CPT 64718, 24358	Ulnar Nerve Transposition/Epicondylectomy	\$5,890.00
CPT 64718, 64719	Cubital Tunnel Release	\$5,890.00
CPT 23515	Clavicle Fracture Repair, ORIF (hardware not included)	\$8,330.00
CPT 29824	Distal Clavicle Resection, Arthroscopic	\$7,415.00
CPT 23170	Distal Clavicle Resection, Open	\$6,110.00
CPT 23472	Total Shoulder Arthroplasty (additional implants, at our cost)	\$19,400.00
	Shoulder Arthroscopy, Glenohumeral Debridement, Subacromial Decompression, Rotator Cuff Repair, Distal Clavicle Excision, Biceps Tenodesis	\$11,325.00
CPT 29827	Shoulder Arthroscopy w/ Rotator Cuff Repair & Glenohumeral Debridement, Biceps Tendosis	\$10,825.00
CPT 29827	Shoulder Arthroscopy w/ Rotator Cuff Repair	\$10,825.00
CPT 23410, 23412, 23430	Open Rotator Cuff Repair w/ Biceps Tenodesis (implants not included)	\$8,800.00
CPT 29826	Shoulder Arthroscopy w/ Subacromial Decompression & Biceps Tenodesis	\$8,510.00
CPT 29826	Shoulder Arthroscopy w/ Subacromial Decompression	\$8,510.00
CPT 29807	Shoulder Arthroscopy w/ Labral Repair (implants not included)	\$8,050.00

CPT 23410	Open Rotator Cuff Repair	\$8,050.00
CPT 29806	Shoulder Arthroscopy	\$7,490.00
CPT 23455	Bankart Stabilization, Shoulder	\$7,960.00
CPT 24342	Distal Biceps Reattachment (implants not included)	\$8,110.00
CPT 29834	Elbow Arthroscopy w/ Synovectomy and/or Removal Foreign Body	\$7,040.00
CPT 24105 & 24147	Elbow Olecranon Bursectomy with Osteophyte Excision	\$4,950.00
CPT 29830	Elbow Arthroscopy	\$4,950.00
CPT 24359	Elbow Tenotomy Medial or Lateral	\$4,175.00
CPT 24100	Elbow Bursectomy	\$3,565.00
CPT 27130	Total Hip Arthroplasty (Hip Replacement)	\$19,512.00
CPT 29914, 29915, 29916	Hip Arthroscopy, Complex (implants not included)	\$12,375.00
CPT 29862	Hip Arthroscopy, Simple	\$7,290.00
CPT 27385	Quadricep Repair	\$7,400.00
CPT 27447	Total Knee Arthroplasty (Knee Replacement)	\$19,990.00
CPT 29888, 29871	Knee Arthroscopy with Anterior Cruciate Ligament (ACL) Repair and Medical Meniscus Repair	\$12,840.00
CPT 27409	Knee Posterior Cruciate Ligament (PCL) Repair	\$10,500.00
CPT 29888	Knee Anterior Cruciate Ligament (ACL) Repair	\$9,925.00
CPT 27405	Knee Medial Collateral Ligament Repair	\$8,325.00
CPT 27420	Reconstruction Dislocating Patella	\$8,190.00
CPT 29882	Knee Arthroscopy w/ Meniscus Repair	\$7,690.00
CPT 27380	Patellar Tendon Repair	\$7,050.00
CPT 29875	Knee Arthroscopy w/ ACL Debridement	\$6,590.00
CPT 29873	Knee Arthroscopy w/ Lateral Release or Microfracture	\$6,165.00
CPT 29871	Knee Arthroscopy	\$5,765.00
CPT 29877	Knee Arthroscopy w/ Chondroplasty	\$5,765.00
CPT 29880	Knee Arthroscopy w/ Medial & Lateral Meniscectomy	\$5,765.00
CPT 27570	Knee Manipulation	\$1,825.00
CPT 27455	Tibial Tubercle Osteotomy	\$8,190.00
CPT 63030	Laminotomy	\$14,670.00
CPT 23615	Complex Fracture requiring ORIF (includes rodding humerus/tibia/femur)	\$8,310.00
CPT 25575	Simple Fracture requiring Open Reduction Internal Fixation	\$5,680.00
CPT 20680	Hardware Removal, Complex	\$5,870.00
CPT 20680	Hardware Removal, Simple	\$3,300.00
CPT 26160	Excision of Lesion of Tendon Sheath or Joint Capsule (e.g. ganglion, cyst)	\$3,480.00
CPT 25605	Closed Reduction Fracture and Casting	\$2,510.00

CPT CODE	FOOT & ANKLE (PODIATRY) PROCEDURES	PRICES
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CPT 28292	Bilateral Bunionectomy	\$7,540.00
CPT 28750	Arthrodesis, Great Toe/Metatarsophalangeal Joint	\$5,385.00
CPT 28035	Tarsal Tunnel Release	\$4,020.00
CPT 28292	Bunionectomy	\$5,380.00
CPT 28289	Cheilectomy	\$4,790.00
CPT 28315	Sesamoidectomy	\$3,225.00
CPT 28285	Hammer Toe Correction (3)	\$4,360.00
CPT 28285	Hammer Toe Correction (2)	\$3,720.00
CPT 28285	Hammer Toe Correction (1)	\$3,225.00
CPT 28820	Toe Amputation	\$3,785.00
CPT 28090	Ganglion Excision (foot)	\$3,590.00
CPT 28045	Excision of tumor, soft tissue (foot or toe)	\$3,090.00
CPT 11750	Excision Hallux Matrix (Ingrown Toenail)	\$2,210.00
CPT 28485	Metatarsal Fracture requiring Open Reduction Internal Fixation, Simple	\$5,680.00
CPT 28485, 27658	Metatarsal Fracture (5 th) ORIF w/ Peroneal Brevis Tendon Repair	\$5,980.00
CPT 28238	Kidner Procedure	\$5,380.00
CPT 29906	Subtalar Joint Arthroscopy	\$4,940.00
CPT 28080	Neuroma Excision	\$3,590.00
CPT 27650	Achilles Tendon Repair	\$7,435.00
CPT 28119	Heel Spur Removal	\$4,620.00
CPT 28060	Plantar Fasciotomy	\$4,020.00
CPT 28043	Excision Plantar Granuloma	\$4,020.00
CPT 27899	Ankle Replacement (hardware not included)	\$16,580.00
CPT 27870	Ankle Fusion (hardware not included)	\$10,220.00
CPT 29891, 27698	Ankle Arthroscopy w/ Brostrum Ligament Repair	\$9,070.00
CPT 27687	Gastrocnemius Recession	\$5,455.00
CPT 29891	Ankle Arthroscopy	\$4,940.00
CPT 17000, 17003, 17004	Excision Verruca (warts) w/ CO2 Laser (minus \$800 if laser not required)	\$4,120.00
CPT 28110	Ostectomy Partial Excision (foot)	\$5,385.00
CPT 28308	Osteotomy	\$5,385.00
CPT 28208	Repair Extensor Tendon (foot)	\$5,380.00

CPT CODE	GI GATROINTESTINAL PROCEDURES	PRICES
CPT 43235	Upper Endoscopy	\$1,599.00
CPT 44388	Colonoscopy (screening or diagnostic)	\$1,599.00
CPT 44388, 43235	Colonoscopy & EGD	\$2,599.00

CPT CODES	UROLOGY	PRICES
CPT 52356, 52310	Ureteroscopy with Holmium laser, Lithotripsy & Stent Insertion w/ and w/o Stone Basketing (includes pathology)	\$12,330.00
CPT 50590	Lithotripsy for Kidney Stone (ESWL, bilateral)	\$11,230.00
CPT 53445	Insertion of AMS 800 Urinary Sphincter (implant not included)	\$8,910.00
CPT 50590	Lithotripsy for Kidney Stone (ESWL, unilateral)	\$8,530.00
CPT 54400	Penile Prosthesis (implant not included)	\$8,430.00
CPT 64581, 64590, 95972	Interstim Placement (sacral nerve stimulator) (implant not included)	\$7,725.00
CPT 52601	Transurethral Resection Prostate (TURP)	\$6,340.00
CPT 64581	Interstim Battery Change (implant not included)	\$5,630.00
CPT 52352	Cystoscopy for Stone Removal (includes stone analysis)	\$5,110.00
CPT 52332	Cystoscopy for Stent Placement	\$4,910.00
CPT 54530	Orchiectomy	\$4,870.00
CPT 55530	Varicocelelectomy	\$4,760.00
CPT 55040	Hydrocelelectomy	\$4,690.00
CPT 54640	Orchiopexy	\$4,690.00
CPT 54406	Penile Prosthesis Removal	\$4,690.00
CPT 52441	Urolift (implants additional cost) (minimally invasive procedure for large prostate)	\$4,635.00
CPT 54840	Spermatoclectomy	\$4,620.00
CPT 76942	Ultrasound Guided Prostate Biopsy	\$4,240.00
CPT 52234	Transurethral Resection Bladder Tumor (TURBT)	\$4,155.00
CPT 53450	Urethral Meatoplasty	\$3,790.00
CPT 54160	Adult Circumcision	\$3,250.00
CPT 52351	Cystoscopy w/ Pyelography/Stent Removal	\$3,165.00
CPT 64561	Interstim Trial	\$1,670.00
CPT 55250	Vasectomy	\$1,500.00
CPT 54150	Infant Circumcision	\$850.00

CPT CODE	ABDOMEN/GENERAL SURGERY	PRICES
CPT 47562, 47563	Laparoscopic Cholecystectomy (Gallbladder)	\$7,975.00
CPT 44970	Laparoscopic Appendectomy (Appendix)	\$7,705.00
CPT 46270	Fistulotomy (Rectal)	\$4,310.00
CPT 46250	Hemorrhoidectomy	\$5,405.00
CPT 10061	Abscess Incision & Drainage	\$2,470.00

CPT 46040	Rectal Abscess Incision & Drainage	\$4,310.00
CPT 38745	Axillary Lymph Node Dissection	\$5,950.00
CPT 38500	Lymph Node Biopsy or Excision (Axillary or Groin)	\$4,420.00
CPT 36561	Central Venous Line Port Placement	\$4,170.00
CPT 36589	Central Venous Line Removal	\$2,435.00
CPT 21930	Excision Mass under Local Anesthesia (includes pathology)	\$2,725.00
CPT 21930	Excision Mass, Complicated (>5cm, includes pathology)	\$5,000.00
	Excision Mass, Complicated under Local Anesthesia (>5cm, includes pathology)	\$4,075.00
CPT 21930 or 21014	Excision Mass (includes pathology)	\$3,355.00

CPT CODE	HERNIA	PRICES
CPT 49650	Laparoscopic Inguinal Hernia Repair, Bilateral	\$9,735.00
CPT 49650	Laparoscopic Inguinal Hernia Repair, Unilateral	\$7,520.00
CPT 49650	Laparoscopic Umbilical/Ventral/Incisional Hernia Repair	\$7,520.00
CPT 49591	Recurrent Ventral Hernia	\$7,250.00
CPT 49585	Supraumbilical Hernia Repair/Anal Fistulectomy	\$6,870.00
CPT 49505	Open Inguinal Hernia Repair, Bilateral	\$6,410.00
CPT 49565	Open Ventral/Incisional Hernia Repair	\$5,120.00
CPT 11770	Pilonical Cyst Removal	\$4,765.00
CPT 49505	Open Inguinal Hernia Repair, Unilateral	\$4,150.00
CPT 49585	Open Umbilical Hernia Repair	\$4,260.00
CPT 49570	Open Epigastric Hernia Repair	\$4,170.00

CPT CODE	BREAST & PLASTICS	PRICES
	Capsulectomy with Implant Removal and Nipple Repositioning (includes pathology)	\$16,900.00
CPT 19302	Mastectomy (Bilateral)	\$13,935.00
CPT 19302	Mastectomy (Unilateral)	\$9,361.00
CPT 19318	Bilateral Breast Reduction (includes pathology)	\$9,230.00
	Abdominoplasty Revision	\$8,000.00
CPT 19300	Gynecomastia	\$4,830.00
CPT 19120	Breast Mass Excision (Unilateral)	\$4,586.00
	Implant Removal	\$4,000.00

CPT CODE	GYNECOLOGY	PRICES
	Laparoscopic Hysterectomy with Salpingo-Oophorectomy (includes pathology)	\$15,999.00
	Laparoscopic Hysterectomy (includes pathology)	\$12,200.00
CPT 58260	Vaginal Hysterectomy w/ Anterior Cystocele Repair (includes pathology)	\$11,200.00
	Vaginal Hysterectomy (includes pathology)	\$11,200.00
CPT 57260	Anterior & Posterior Repair (Colporrhaphy, includes pathology)	\$9,650.00
CPT 58661	Laparoscopic Tubal Ligation (includes pathology)	\$7,850.00
CPT 58661	Laparoscopic Bilateral Salpingo-Oophorectomy (includes pathology)	\$7,850.00
CPT 57288	Tension Free Vaginal Tape (TVT, SLING)	\$7,590.00
CPT 58925	Laparoscopic Ovarian Cystectomy (includes pathology)	\$6,870.00
CPT 49320	Diagnostic Laparoscopy (includes pathology)	\$6,150.00
CPT 58558	Hysteroscopy w/ Polyp Removal (includes pathology)	\$5,990.00
CPT 58563	Hysteroscopy w/ Endometrial Ablation (includes pathology)	\$5,350.00
CPT 56740	Excision Bartholin's Cyst (includes pathology)	\$5,250.00
CPT 57520, 57522	Cervical Conization (includes pathology)	\$3,675.00
CPT 58555	Hysteroscopy (includes pathology)	\$3,460.00
	Nexplanon Removal	\$2,680.00
CPT 57410	Pelvic Exam Under Anesthesia (includes pathology)	\$2,675.00
CPT 58120	Dilation & Curettage (D&C, includes pathology)	\$2,450.00
CPT 57420	Colposcopy (includes pathology)	\$425.00

CPT CODE	SPINE/PAIN	PRICES
CPT 63685	Spinal Cord Stimulator Battery Replacement	\$16,920.00
CPT 64624	Radio Frequency Ablation (Knee)	\$3,740.00
CPT 64454	Genicular Nerve Block (diagnostics)	\$1,500.00
CPT 64490-64495	Medial Branch Block	\$1,500.00
CPT 62311	Epidural Steroid Injection of the Cervical/Thoracic Spine	\$1,310.00
CPT 64483	Transforaminal Epidural Steroid Injection	\$1,310.00
CPT 64479	Epidural Steroid Injection of the Lumbar/Sacral Spine	\$1,310.00
CPT 62321	Transforaminal ESI Cervical	\$1,310.00
CPT 64483	Transforaminal ESI Lumbar	\$1,310.00
CPT 64483	Transforaminal Epidural Steroid Injection	\$1,310.00

CPT CODE	ENT	PRICES
	Bilateral Endoscopic with Frontal Balloon Sinuplasty, Maxillary antrostomy, ethmoidectomy, septoplasty with turbinate reduction, with and without stealth/propel (does not include implants)	\$22,304.00
CPT 42415, 42420	Parotidectomy	\$15,710.00
CPT 43130 & 95940	Zenkers Diverticulum Repair with Intraoperative Nerve Monitoring & Pathology	\$14,750.00
	Tonsillectomy/Adenoidectomy and Septoplasty/Turbinate Reduction	\$11,400.00
CPT 30520, 30140, 42826	Tonsillectomy and Septoplasty/Turbinate Reduction	\$10,900.00
CPT 42830, 30140	Adenoidectomy and Septoplasty/Turbinate Reduction	\$10,750.00
CPT 30140, 30468, 30520	Septoplasty/Turbinate Reduction and Latera Implant	\$10,545.00
CPT 69631	Tympanoplasty	\$7,350.00
CPT 30520	Septoplasty/Turbinate Reduction	\$7,275.00
CPT 42820, 69436, 42825	Ear Tubes, Adenoid Removal and Tonsillectomy	\$6,860.00
CPT 31256	Maxillary Sinus Exploration	\$6,000.00
CPT 30117, 30140	Nasal Lesion Removal and Inferior Turbinate Resection	\$5,510.00
CPT 69436	Adenoidectomy and Myringotomy w/ Ear Tube Placement	\$5,140.00
CPT 42820	Adenoidectomy and Tympanostomy	\$5,140.00
CPT 42825	Tonsillectomy and Adenoidectomy	\$5,060.00
CPT 42820	Tonsillectomy	\$4,360.00
CPT 42820	Adenoid Removal	\$4,110.00
CPT 69436	Tympanostomy (Ear Tubes)	\$2,390.00
CPT 69424	Ear Tube Removal	\$2,160.00
CPT 30901	Nose Cauterization (Unilateral)	\$400.00

CPT CODE	OPHTHALMOLOGY	PRICES
	DSEK/DMEK with cataract surgery	\$8,625.00
CPT 65730	Cornea transplant	\$6,900.00
	DSEK/DMEK	\$6,900.00
CPT 66982	Complex Cataract	\$5,175.00
(CPT 15820, 15821, 15822, 15823)	Blepharoplasty	\$4,715.00
CPT 66983	Cataract	\$4,600.00
CPT 66986	Exchange/Extraction/Lens Fragment	\$4,485.00
CPT 65426	Pterygium w/ graft	\$3,680.00

CPT 65435	Corneal Debridement	\$2,875.00
CPT 67917	Ectropion Repair	\$2,415.00
CPT 67921, 67924	Entropion Repair	\$2,415.00
CPT 67800	Chalazion	\$320-\$415
CPT 68761	Punctal Plugs	\$230.00
CPT 65205	Foreign Body Removal	\$140.00

CPT CODE	VEIN	PRICES
CPT 37765	Endovenous Albation, by transcatheter delivery of chemical adhesive remote from access site, 2 veins	\$3,105.00
CPT 36473	Endovenous Ablation, Perforator, 2 veins	\$2,760.00
CPT 36473	Endovenous Ablation 2 veins	\$2,500.00
CPT 36482	Endovenous Albation, by transcatheter delivery of chemical adhesive remote from access site, 1 vein	\$2,415.00
CPT 36473	Endovenous Ablation, Perforator 1 vein	\$2,070.00
CPT 93971	Endovenous Ablation 1 vein	\$1,840.00
CPT 93971	DVT Scan	\$285.00
CPT 37765	Stab Phlebectomy varicose vein	\$575.00
CPT 36468	Cosmetic Sclero	\$575.00
	Duplex Scans	\$230.00

CPT Code	Miscellaneous	Prices
76645	Bilateral Breast Ultrasound	\$850.00
74177	CT Urogram	\$650.00
70540	Brain MRA	\$625.00
76498	MRI	\$565.00
72156	MRI spine with and without contrast	\$565.00
73723	MRI Knee with and without contrast	\$565.00
73223	MRI shoulder with and without contrast	\$565.00
74183	MRI abdomen with and without contrast	\$565.00
	Block done by anesthesia	\$500.00
74262	CT	\$350-\$405
76700	Complete Abdominal Ultrasound	\$295.00
76856	Pelvic Ultrasound	\$295.00
76830	Transvaginal Ultrasound	\$295.00
99212	Specialist Consultation	\$200.00
75571	CT Coronary Screening	\$175.00
99214	Urgent Care Visit	\$150.00

20610	Steroid Injection	\$150.00
71046	Chest Xray LAT & PA	\$100.00
73100	Wrist X-ray	\$85.00
73600	Ankle X-ray	\$85.00
73510	Hip X-ray	\$85.00
74018	KUB X-ray	\$85.00
73090	Forearm X-ray	\$85.00
94010	Spirometry	\$30.00
93000	EKG	\$25.00
84153	PSA	\$24.00
80061	Lipid Panel	\$22.00
84443	TSH	\$22.00
83036	Hemoglobin A1C	\$22.00
80053	CMP	\$16.00
85025	CBC	\$12.00