

## Broward Health

When comparing with other hospitals or providers, it is important to understand their costs are typical averages and may or may not include both the hospital and the doctor or other provider services. Average charges are estimates. Your out-of-pocket expense will depend on your individual insurance coverage (such as co-insurance or deductibles). Please contact Financial Assistance Counselors with questions you may have.

| <b>Outpatient Procedures - Average Expected Costs</b> |        |
|---|--------|
| Name  | Amount |
| <b>DIAGNOSTIC IMAGING</b>                             |        |
| <b>CT Exams</b>                                       |        |
| Abdomen and Pelvis CT, with contrast                  | \$475  |
| Abdomen and Pelvis CT, without contrast               | \$325  |
| Abdomen and Pelvis CT, with and without contrast      | \$550  |
| Brain CT  | \$325  |
| Colon Screening CT                                    | \$350  |
| Face CT   | \$325  |
| Heart Calcium Scoring CT                              | \$25   |
| Lung Screening CT                                     | \$150  |
| Neck CT   | \$325  |
| Other CT, with contrast                               | \$300  |
| Other CT, without contrast                            | \$175  |
| Other CT, with and without contrast                   | \$375  |
| <b>Mammography Exams</b>                              |        |
| Diagnostic Mammogram, one breast                      | \$200  |
| Diagnostic Mammogram, both breasts                    | \$250  |
| Screening Mammogram                                   | \$195  |
| <b>MRI Exams</b>                                      |        |
| Breast MRI, with and without Contrast                 | \$650  |
| Chest MRI   | \$650  |
| Other MRI, with contrast                              | \$550  |
| Other MRI, without contrast                           | \$500  |
| Other MRI, with and without contrast                  | \$675  |
| <b>Ultrasound Exams</b>                               |        |
| Abdominal Ultrasound, without contrast                | \$325  |
| Abdominal Ultrasound, with contrast                   | \$475  |
| Abdominal Ultrasound, with and without contrast       | \$550  |
| Arterial Doppler Scan                                 | \$200  |
| Breast Ultrasound                                     | \$125  |
| Carotid Artery Ultrasound                             | \$200  |
| Pelvic Ultrasound, female                             | \$200  |
| Venous Ultrasound, Both Extremities                   | \$200  |
| <b>Other Exams</b>                                    |        |
| Abdomen, Plain X-Ray                                  | \$95   |
| Chest, Plain X-Ray                                    | \$95   |
| Spine, Plain X-Ray                                    | \$95   |
| Bone Densitometry                                     | \$80   |

## Outpatient Procedures - Average Expected Costs

| Name  | Amount  |
|---|---------|
| Hand, Foot and Joint X-Ray                                | \$95    |
| <b>LABORATORY TESTS</b>                                   |         |
| Basic Metabolic Panel                                     | \$25    |
| Blood Culture   | \$25    |
| Blood Typing ABO and Blood Typing Rh, combined            | \$25    |
| C-Reactive Protein  | \$25    |
| Chlamydia Test  | \$60    |
| Cholesterol Panel, Lipid Profile                          | \$25    |
| Clotting (PT/INR) Test                                    | \$25    |
| Complete Blood Count (CBC)                                | \$25    |
| Comprehensive Metabolic Panel                             | \$25    |
| Electrolytes Panel  | \$25    |
| EKG   | \$75    |
| Gonorrhea Test  | \$75    |
| Hemoglobin Test   | \$25    |
| Lipase Serum Test   | \$25    |
| Newborn Bilirubin, Direct                                 | \$25    |
| Newborn Bilirubin, Total                                  | \$25    |
| Pregnancy Test (Urine)                                    | \$25    |
| Strep Test  | \$25    |
| Thyroid (TSH) Test  | \$50    |
| Urinalysis  | \$25    |
| Urine Culture   | \$25    |
| <b>OUTPATIENT REHABILITATION</b>                          |         |
| Outpatient Rehabilitation Occupational Therapy Evaluation | \$125   |
| Outpatient Rehabilitation, Adult                          | \$60    |
| Physical Therapy Evaluation                               | \$100   |
| Speech Therapy Evaluation                                 | \$150   |
| <b>GASTROINTESTINAL (GI) PROCEDURES</b>                   |         |
| Diagnostic Colonoscopy with Biopsy                        | \$1,000 |
| Diagnostic Colonoscopy without Biopsy                     | \$900   |
| Screening Colonoscopy with Barium                         | \$850   |
| Screening Colonoscopy with Flexible Sigmoidoscopy         | \$975   |
| Upper Endoscopy, Diagnostic                               | \$975   |