

## Transparency In Healthcare Pricing

The pricing information on this website is intended to give self-pay patients an estimate of the prices for health care services at Denver Springs Hospital, and for services by providers billed through Denver Springs Physician Group. The pricing only covers the specific services listed, and does not include complicating factors, or services provided by independent practitioners. Please contact those offices directly for price information associated with their care and service.

The pricing is for self-pay patients, and does not apply to patients who have health insurance coverage through Medicare, Medicaid, other government insurance programs, or an insurance company.

<b>Code</b>	<b>Description</b>	<b>Standard Fee</b>	
99221	Initial hospital care - low	\$ 260.00	Per Service
99222	Initial hospital care - moderate	\$ 350.00	Per Service
99223	Initial hospital care - high	\$ 518.00	Per Service
90791	Psych Eval Only	\$ 321.00	Per Service
90792	Psych Eval w/ medical srvc	\$ 362.00	Per Service
99231	Subsequent Hosital Low	\$ 100.00	Per Service
99232	Subsequent Hosital Moderate	\$ 184.00	Per Service
99233	Subsequent Hosital High	\$ 267.00	Per Service
99238	Hospital Discharge less than 30 min	\$ 185.00	Per Service
99239	Hospital Discharge more than 30 min	\$ 275.00	Per Service
99212	Office/Outpatient visit est	\$ 65.00	Per Service
99213	Office/Outpatient visit est	\$ 130.00	Per Service
99214	Office/Outpatient visit est	\$ 201.00	Per Service
99215	Office/Outpatient visit est	\$ 284.00	Per Service
90833	Psytx w pt w e/m 30 min	\$ 167.00	Per Service
90836	Psytx w pt w e/m 45 min	\$ 210.00	Per Service
90838	Psytx w pt w e/m 60 min	\$ 278.00	Per Service
90785	Psytx complex interactive	\$ 35.00	Per Service
90853	Group Psychotherapy	\$ 64.00	Per Service
90846	Family psytx w/o pt 50 min	\$ 258.00	Per Service
90847	Family psytx w/o pt 50 min	\$ 268.00	Per Service
90870	Electroconvulsive therapy	\$ 281.00	Per Service
124	Room and Board - Inpatient Psychiatric Services	\$ 2,000.00	Per Day
126 & 128	Room and Board - Inpatient Substance Abuse Services	\$ 2,000.00	Per Day
912	Partial Hospitalization Program Services	\$ 1,000.00	Per Day
905	Mental Health Intensive Outpatient Program	\$ 600.00	Per Day
906	Substance Abuse Intensive Outpatient Program	\$ 600.00	Per Day

If the patient is covered by health insurance, you are strongly encouraged to consult with your health insurer or plan to determine accurate information about your financial responsibility for a particular health care service rendered at Denver Springs Hospital.

If you are not covered by health insurance, you are strongly encouraged to contact Denver Springs Hospital at 720-506-2289 and ask for the Business Office to discuss payment options prior to receiving a health care service at Denver Springs. Posted health care prices may not reflect the actual amount of your financial responsibility.