

Creating an Informed Consumer

The VIP:

John Doe
123 Arkansas Drive
Little Rock, AR 72211

The Basics:

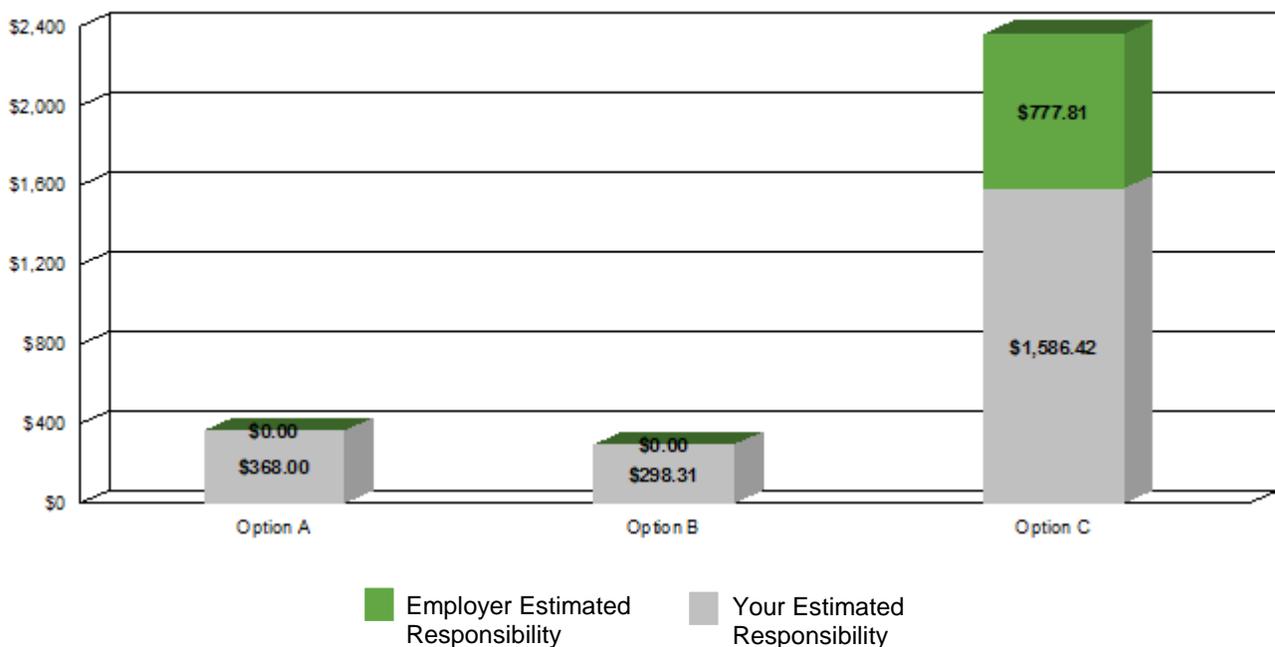
Date you called us	03/16/2017
We're comparing costs for	MRI-Knee without contrast
The CPT Code for that is	73721
Physician who ordered it	Dr. Williams
Date it's scheduled	N/A
What kind of setting	Outpatient
Is authorization required?	No
Our reference number	1-41679760

The Specialist:

Jena Cruz
866-253-2273 ext. 206
jcruz@directpathhealth.com

A little bit about your health plan:		What you have met this year:
Your Deductible	\$1,500.00	\$0.00
Your Coinsurance	The Plan Pays 90% You Pay 10%	-
Your Out of Pocket Maximum <small>This includes your deductible</small>	\$3,000.00	\$0.00

The Snapshot:



The Technical Stuff:

	Option A	Option B	Option C
The Facilities	Chenal MRI	360 Imaging	Saline Memorial Hospital
Facility Address	11300 Financial Centre Pkwy Suite 400 Little Rock, AR 72211 PH:(501)221-2502	3320 Springhill Drive Suite B North Little Rock, AR 72117 PH:(501)476-3930	1 Medical Park Drive Benton, AR 72015 PH:(501)776-6000
Network Status	Yes	Yes	Yes
Total Price	\$368.00	\$298.31	\$2,686.62
Discounted Balance	\$368.00*	\$298.31*	\$2,364.23
Your Deductible to Meet	\$1,500.00	\$1,500.00	\$1,500.00
Your Coinsurance Payment	\$0.00	\$0.00	\$86.42
Your Estimated Responsibility	\$368.00	\$298.31	\$1,586.42
Employer Responsibility	\$0.00	\$0.00	\$777.81
Total Discounted Balance	\$368.00	\$298.31	\$2,364.23
Your Total Estimated Cost	\$368.00	\$298.31	\$1,586.42
Your Employer's Total Estimated Cost	\$0.00	\$0.00	\$777.81

You could save \$1,288.11 if you choose the lower cost option

The Rest of the Story

While we do our very best to give you accurate and complete comparison information. It is important for you to know a few things about this report:

- **The amounts listed in the previous pages are estimates. They're based on the information we collected at the time of the request, and we try to be conservative in our approach. The actual price you're billed when your test or procedure occurs will be what determines the amount you are responsible for. Seems reasonable, right?**
- Costs for this kind of procedure can vary, and there's no crystal ball to tell us what they'll be until the procedure is underway.
- The estimates we've given you do not include some additional charges that may - such as anesthesiology. This type of charge is billed based on the length of time and amount administered, and we don't know what these will be in advance.

The Fine Print

Health care is confusing – so if you have any questions about what we include here, give your Specialist a call.

The above estimates are based solely on the CPT (procedure code) of 73721. If any additional or different CPT codes are used, those costs are not listed in the estimates.

***The total charge listed in this field is the contracted rate given to DirectPath by the provider, which already includes the estimated discount for your insurance plan's network. No additional discount is shown for this reason.**

The estimates provided are based on the most commonly ordered procedures for the service type requested. Prices may change if a physician orders a different procedure.

All of the above estimates include the radiology fees.

The Cheat Sheet

What do we mean by all of those terms above? Let us explain it to you (or, better yet, give your Specialist a call and they'll be happy to go over this report with you).

- **Coinsurance:** your share of the portion that is paid after the deductible. The plan pays a percentage, and you pay a percentage.
- **Copay:** a flat charge you pay toward the cost of services or prescriptions.
- **Deductible:** the amount of money you pay before the plan's coinsurance starts. Think of it as the base payment before anyone else pays.
- **Discounted balance:** the starting point before benefits are paid. This takes the total price a provider charges, and deducts a discount percentage or flat rate because of the agreement your provider has with the network.
- **Out of pocket maximum:** this is the maximum amount of money that you'd have to pay before the plan begins to pay at 100%.
- **Not applicable:** why is this listed in the quality information? It means the facility may not report their quality metrics (if it is a stand-alone or outpatient facility, for example).

It's a lot of data. Where does all of this information come from? Great question! All of the physician quality data comes from the source... that is, the physician's office gives us the information. The hospital quality data comes from Hospital Compare, which is a website (hospitalcompare.hhs.gov) created through the Centers for Medicare & Medicaid Services (CMS).

We've said it before and we'll say it again - if you have questions, don't forget you have a Specialist. Their contact information is on the front page of this report.

Congratulations; You are now a more informed consumer.

Should you have any questions, please contact me at **866-253-2273 ext. 206.**

Sincerely,

A handwritten signature in cursive script, reading "Jena", enclosed in a light gray rectangular box.

Jena Cruz
Senior Transparency Specialist