UNIVERSITY of MARYLAND
SHORE REGIONAL HEALTH

SHORE MEDICAL CENTER AT EASTON
Estimated Charges for Common Ancillary Services

LABORATORY

Procedure	Estimated Charge
Complete cbc w/auto diff wbc	$ 19.15
Comprehen metabolic panel	$ 57.22
Assay of troponin quant	$ 63.78
Urinalysis auto w/scope	$ 17.60
Assay of ck (cpk)	$ 13.93
Assay of magnesium	$ 11.54
Creatine mb fraction	$ 35.19
Urinalysis auto w/o scope	$ 7.69
Prothrombin time	$ 15.27
Thromboplastin time partial	$ 15.33
Metabolic panel total ca	$ 20.95
Assay of lipase	$ 15.30
Reagent strip/blood glucose	$ 15.95
Urine pregnancy test	$ 19.16
Urine culture/colony count	$ 37.95
Assay of amylase	$ 11.45
Assay thyroid stim hormone	$ 29.65
Assay of natriuretic peptide	$ 56.94
Blood culture for bacteria	$ 121.21
Blood typing serologic rh(d)	$ 7.65
Blood typing serologic abo	$ 7.67
Fibrin degradation quant	$ 28.59
Strep a ag ia	$ 49.26
Microbe susceptible mic	$ 22.74
Culture screen only	$ 38.84

RADIOLOGY

Procedure	Estimated Charge
Ct head/brain w/o dye	$ 92.12
Ct abd & pelv w/contrast	$ 307.46
Ct abd & pelvis w/o contrast	$ 245.83
Ct angiography chest	$ 416.19
Ct scan for therapy guide	$ 191.33
Mri brain stem w/o & w/dye	$ 1,046.46
Mri brain stem w/o dye	$ 575.82
Mri lumbar spine w/o dye	$ 576.23
Mri neck spine w/o dye	$ 580.41
Mri abdomen w/o & w/dye	$ 2,037.60
Ob us < 14 wks single fetus	$ 517.96
Ultrasound breast limited	$ 507.82
Us exam abdom complete	$ 540.45
Transvaginal us obstetric	$ 520.15
Transvaginal us non-ob	$ 491.65
Chest x-ray 2vw frontal&latl	$ 139.88
X-ray exam of knee 3	$ 147.69
X-ray exam l-2 spine 4/>vws	$ 278.58
X-ray exam of foot	$ 141.78
X-ray exam of ankle	$ 141.57
Ntsty modul rad tx dlvr smpl	$ 1,111.50
Radiation treatment delivery	$ 710.13
Ntsty modul rad tx dlvr cplx	$ 1,094.97
Guidance for radiaj tx dlvr	$ 184.72
Radiation physics consult	$ 203.21

UNIVERSITY of MARYLAND
SHORE REGIONAL HEALTH

SHORE MEDICAL CENTER AT EASTON

Estimated Charges for Common Outpatient Procedures

OUTPATIENT SURGERY	Charge Range		
Procedure	**Minimum**	**Maximum**	**Average Estimated Charge**
Fna w/image	$ 399	$ 10,137	$ 1,132
Access av dial grft for eval	$ 1,061	$ 35,943	$ 5,508
Insert tunneled cv cath	$ 1,711	$ 30,893	$ 4,768
Ra tracer id of sentinl node	$ 4,879	$ 47,101	$ 9,289
Egd biopsy single/multiple	$ 628	$ 21,687	$ 2,377
Abd paracentesis w/imaging	$ 733	$ 30,893	$ 2,155
Insert mesh/pelvic flr addon	$ 5,547	$ 15,679	$ 10,210
Repair bladder defect	$ 4,335	$ 17,872	$ 9,624
Hysteroscopy biopsy	$ 966	$ 10,218	$ 2,548
Fetal non-stress test	$ 590	$ 7,734	$ 1,252

UNIVERSITY of MARYLAND
SHORE REGIONAL HEALTH

SHORE MEDICAL CENTER AT DORCHESTER
Estimated Charges for Common Ancillary Services

LABORATORY

Procedure	Estimated Charge
Complete cbc w/auto diff wbc	$ 32.49
Comprehen metabolic panel	$ 97.29
Assay thyroid stim hormone	$ 48.71
Lipid panel	$ 61.70
Metabolic panel total ca	$ 35.93
Urinalysis auto w/scope	$ 29.18
Urinalysis auto w/o scope	$ 12.93
Prothrombin time	$ 25.82
Urine culture/colony count	$ 64.77
Assay of troponin quant	$ 114.19
Glycosylated hemoglobin test	$ 64.87
Thromboplastin time partial	$ 26.04
Assay of magnesium	$ 19.51
Assay of ck (cpk)	$ 24.23
Vitamin d 25 hydroxy	$ 48.90
Assay of lipase	$ 25.77
Creatine mb fraction	$ 61.82
Reagent strip/blood glucose	$ 26.37
Urine pregnancy test	$ 32.18
Strep a ag ia	$ 80.92
Culture screen only	$ 64.69
Assay of creatinine	$ 6.42
Assay of free thyroxine	$ 48.60
Assay of urea nitrogen	$ 6.41
Influenza assay w/optic	$ 163.63

RADIOLOGY

Procedure	Estimated Charge
Ct head/brain w/o dye	$ 67.93
Ct abd & pelv w/contrast	$ 226.84
Ct abd & pelvis w/o contrast	$ 181.31
Ct thorax w/dye	$ 113.46
Ct thorax w/o dye	$ 90.54
Mri brain stem w/o & w/dye	$ 770.75
Mri lumbar spine w/o dye	$ 422.23
Mri brain stem w/o dye	$ 446.38
Mri neck spine w/o dye	$ 435.46
Mri jnt of lwr extre w/o dye	$ 676.05
Us exam abdom complete	$ 413.34
Ultrasound breast limited	$ 386.51
Us exam of head and neck	$ 205.94
Us exam pelvic complete	$ 376.83
Transvaginal us non-ob	$ 375.52
Chest x-ray 2vw frontal&latl	$ 102.90
X-ray exam of foot	$ 117.03
X-ray exam l-2 spine 4/>vws	$ 206.63
X-ray exam of knee 3	$ 114.22
Chest x-ray 1 view frontal	$ 69.64
X-ray exam of shoulder	$ 109.23
X-ray exam of ankle	$ 107.98
X-ray exam series abdomen	$ 207.16
X-ray exam of hand	$ 114.12
X-ray exam neck spine 4/5vws	$ 137.59

UNIVERSITY of MARYLAND
SHORE REGIONAL HEALTH

SHORE MEDICAL CENTER AT DORCHESTER
Estimated Charges for Common Outpatient Procedures

OUTPATIENT SURGERY	Charge Range		
Procedure	**Minimum**	**Maximum**	**Average Estimated Charge**
Egd biopsy single/multiple	$ 1,365	$ 9,188	$ 2,903
Esoph egd dilation <30 mm	$ 1,155	$ 5,141	$ 2,591
Colonoscopy and biopsy	$ 1,336	$ 5,651	$ 2,858
Colonoscopy w/lesion removal	$ 1,690	$ 12,232	$ 3,261
Laparoscopic cholecystectomy	$ 3,354	$ 17,508	$ 8,882
Abd paracentesis w/imaging	$ 903	$ 6,431	$ 1,804
Prp i/hern init reduc >5 yr	$ 4,799	$ 10,705	$ 6,755
Rpr ventral hern init reduc	$ 3,959	$ 12,002	$ 7,469
Rpr umbil hern reduc > 5 yr	$ 4,562	$ 10,278	$ 6,771
Therapeutic procd strg endur	$ 1,406	$ 17,508	$ 8,782

UNIVERSITY of MARYLAND
SHORE REGIONAL HEALTH

SHORE MEDICAL CENTER AT CHESTERTOWN
Estimated Charges for Common Ancillary Services

LABORATORY

Procedure	Estimated Charge
Complete cbc w/auto diff wbc	$ 32.49
Comprehen metabolic panel	$ 97.29
Assay thyroid stim hormone	$ 48.71
Lipid panel	$ 61.70
Metabolic panel total ca	$ 35.93
Urinalysis auto w/scope	$ 29.18
Urinalysis auto w/o scope	$ 12.93
Prothrombin time	$ 25.82
Urine culture/colony count	$ 64.77
Assay of troponin quant	$ 114.19
Glycosylated hemoglobin test	$ 64.87
Thromboplastin time partial	$ 26.04
Assay of magnesium	$ 19.51
Assay of ck (cpk)	$ 24.23
Vitamin d 25 hydroxy	$ 48.90
Assay of lipase	$ 25.77
Creatine mb fraction	$ 61.82
Reagent strip/blood glucose	$ 26.37
Urine pregnancy test	$ 32.18
Strep a ag ia	$ 80.92
Culture screen only	$ 64.69
Assay of creatinine	$ 6.42
Assay of free thyroxine	$ 48.60
Assay of urea nitrogen	$ 6.41
Influenza assay w/optic	$ 163.63

RADIOLOGY

Procedure	Estimated Charge
Ct head/brain w/o dye	$ 103.41
Ct abd & pelvis w/o contrast	$ 282.94
Ct abd & pelv w/contrast	$ 346.67
Ct thorax w/dye	$ 175.19
Ct neck spine w/o dye	$ 135.98
Mri lumbar spine w/o dye	$ 608.29
Mri brain stem w/o & w/dye	$ 1,105.05
Mri jnt of lwr extre w/o dye	$ 983.39
Mri brain stem w/o dye	$ 609.77
Mri neck spine w/o dye	$ 627.93
Breast tomosynthesis bi	$ 44.17
Us exam abdom complete	$ 507.94
Us exam pelvic complete	$ 466.85
Us exam of head and neck	$ 256.01
Transvaginal us non-ob	$ 468.19
Chest x-ray 2vw frontal&latl	$ 127.24
X-ray exam of foot	$ 135.56
X-ray exam l-2 spine 4/>vws	$ 252.13
Chest x-ray 1 view frontal	$ 86.68
X-ray exam of shoulder	$ 136.74
X-ray exam of knee 3	$ 149.08
X-ray exam of ankle	$ 132.98
X-ray exam hip uni 2-3 views	$ 174.14
X-ray exam knee 4 or more	$ 355.69
X-ray exam of hand	$ 149.71

UNIVERSITY of MARYLAND
SHORE REGIONAL HEALTH

SHORE MEDICAL CENTER AT CHESTERTOWN
Estimated Charges for Common Outpatient Procedures

OUTPATIENT SURGERY	Charge Range		
Procedure	**Minimum**	**Maximum**	**Average Estimated Charge**
Egd biopsy single/multiple	$ 815	$ 13,275	$ 2,311
Colonoscopy w/ablation	$ 1,037	$ 8,673	$ 1,864
Colorectal scrn; hi risk ind	$ 983	$ 4,005	$ 1,473
Diagnostic colonoscopy	$ 961	$ 7,757	$ 1,731
Colon ca scrn not hi rsk ind	$ 882	$ 2,877	$ 1,460
Egd diagnostic brush wash	$ 820	$ 11,305	$ 2,031
Therapeutic procd strg endur	$ 4,603	$ 35,868	$ 12,188
Colonoscopy and biopsy	$ 1,184	$ 7,947	$ 2,190
Colonoscopy w/band ligation	$ 1,169	$ 2,572	$ 1,725
Prp i/hern init reduc >5 yr	$ 2,974	$ 8,367	$ 4,865