

## Colorado transparency in healthcare prices

Fresenius Kidney Care's top 25 most commonly used codes for outpatient healthcare services are outlined in the table below.

If you ARE covered by health insurance, you are strongly encouraged to consult with your health insurer to determine your financial responsibility for health care services provided at this facility or the Fresenius Insurance Coordinator at AOG@fmc-na.com.

If you ARE NOT covered by health insurance, you are strongly encouraged to contact Fresenius Kidney Care Enhanced Patient Connection (EPC) at 1–800-767-9420 to discuss payment options prior to receiving healthcare services from this facility. The healthcare prices below may not reflect the actual amount of your financial responsibility.

NOTE: The healthcare prices below are estimates. Actual charges are dependent on the circumstances at the time the service is rendered. Physicians will bill separately for their services and these charges will not be reflected in the estimate.

## OUTPATIENT HEALTHCARE SERVICES

Product/services description	44—H HIPPS/C		Fresenius Kidney Care pricing
Administration of influe virus vaccine (profess		G0008	\$209.96
Cinacalcet, oral, 1 mg (S	ensipar)	J0604	\$1.88
Fluvaccine-FLUARIX	0.5 ML	90756	\$345.52
Hematology and coagulation procedures		85025	\$293.79
Hematologyandcoagu procedures (bloodwork)	lation	85018	\$89.34
Injection, daptomycin, 1	l mg	J0878	\$10.21
Injection, darbepoetin a 1 mcg (ARANESP)	lfa,	J0882	\$126.62
Injection, doxercalcifer 1 mcg (Hectorol)	ol,	J1270	\$171.66
Injection, epoetinalfa, 1	00units	Q4081	\$.53
Injection, epoetin beta,	1 mcg	J0887	\$169.46
Injection, etelcalcetide 0.1 mg(Parsabiv)	er e	J0606	\$52.73
Injection, heparin sodi per 1000 units	um,	J1644	\$133.63
Injection, iron sucrose, 1 mg (Venofer) J1756			\$30.36
Lab-Non-Routine 2 HR		84520	\$148.90

Product/services description	44—HCPCS/ HIPPS/CPT code	Fresenius Kidney Care pricing
DIALYSATE UREA (BU	N)	
Lab-Non-Routine IR	ON 83540	\$244.52
Lab-Non-Routine UNBOUND IRON BIND	83550 DING CAPACITY	\$330.02
Lab-Routine ALBUM (BCG) Serum	IIN 82040	\$187.14
Lab-Routine CALCIU	JM 82310	\$194.53
Lab-Routine CREATI BLOOD	NINE, 82565	\$193.16
Lab-Routine PHOSPH	ORUS 84100	\$179.25
Lab-Routine Total Pro	tein 84155	\$138.50
Organ or disease oriente	dpanels 80051	\$188.71
PARATHORMONE (P	ГН) 83970	\$1,559.94
Treatment-otherhemo	dialysis	
treatment	90999	\$7629.42
Treatment - hemodialysis with single evaluation b	y a physician	
or other qualified health pr	ofessional 90935	\$7629.42