

**Patient Information**

Thank you for choosing Saint Joseph Emergency - Northglenn for emergency healthcare needs. The following information is designed to provide information and guidance about your visit and the services that may be provided to you.

- This is an Emergency Medical Facility that treats emergency medical conditions
- This is not an Urgent Care Center or Primary Care Provider
- We will screen and treat you regardless of your ability to pay
- You have a right to ask questions regarding your treatment options and costs
- You have a right to receive prompt and reasonable responses to questions and requests
- You have a right to reject treatment
- We encourage you to defer your questions until after we screen you for an emergency medical condition

This is not a complete statement of patient information or rights. You will receive a more comprehensive statement of the patient's rights upon completing a medical screening examination that does not reveal an emergency medical condition or after treatment has been provided to stabilize an emergency medical condition.

If you are covered by health insurance, you are strongly encouraged to consult with your health insurer to determine accurate information about your financial responsibility for a particular health care service provided at this location. If you are not covered by health insurance, you are strongly encouraged to contact Intermountain Health Customer Service at (866) 665-2636 to discuss payment options and the availability of financial assistance before receiving a health care service from this location.

This facility accepts patients enrolled in Medicare, Medicaid, and Child Health Plan Plus (CHP+).

Out of Network or Non-Participating Networks:

Anthem	Pathway Networks, HMO Select, CU Exclusive plan, Mountain Enhanced
Denver Health	Elevate Exchange plans (Bronze, Silver, Gold), CHP Plus, Medicaid, Commercial HMO
United Healthcare	Colorado Doctor's Plan

This facility or a physician providing services at this facility may not be a participating provider in your insurance network.

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Below are the chargemaster prices for the most common services and facility fees at this location. These prices are the maximum charge that any patient might be billed for the service. The actual charge for any health care service rendered may be lower depending on applicable health insurance benefits and the availability of discounts or financial assistance.

Billing Code	Description of Services	1/1/2026 Max Possible Charge (per unit)
CPT 99281	Level 1 Emergency Department Visit	\$807.15
CPT 99282	Level 2 Emergency Department Visit	\$1,815.10
CPT 99283	Level 3 Emergency Department Visit	\$4,774.75
CPT 99284	Level 4 Emergency Department Visit	\$5,609.85
CPT 99285	Level 5 Emergency Department Visit	\$10,353.05
CPT 99291	Evaluation of care of critically ill first 30 to 74 minutes	\$17,763.85
CPT 99292	Evaluation of care of critically ill after first 30 to 74 minutes (30 min block)	\$1,474.00
CPT 36415	Blood draw (venipuncture)	\$88.50
CPT 70450	CT scan - head/brain without contrast (intravenous dye)	\$2,358.05
CPT 71045	1 View Chest Xray - front only	\$421.90
CPT 71046	2 View Chest Xray - front and side	\$563.05
CPT 72125	CT scan - cervical spine (neck) without contrast (intravenous dye)	\$2,513.35
CPT 73130	3 View Hand Xray - one hand	\$466.40
CPT 73562	3 View Knew Xray - one knee	\$484.30
CPT 73610	3 View Ankle Xray - one ankle	\$456.60
CPT 73630	3 View Foot Xray - one foot	\$484.30
CPT 74176	CT scan - abdomen/pelvis without contrast (intravenous dye)	\$4,349.45
CPT 74177	CT scan - abdomen/pelvis with contrast (intravenous dye)	\$8,431.40
CPT 80051	Electrolyte blood test panel	\$106.00
CPT 80053	Complete metabolic panel	\$319.35
CPT 80076	Liver Function blood test	\$247.05
CPT 81003	Urinalysis with machine, no microscope	\$58.97
CPT 81025	Urine pregnancy test	\$183.10
CPT 82150	Amylase (enzyme) level	\$169.85
CPT 82550	Creatine kinase (cardiac enzyme) level, total (CK or CPK)	\$123.05
CPT 82565	Blood creatinine level	\$86.20
CPT 82947	Blood glucose sugar level	\$40.85
CPT 83605	Lactate blood test	\$303.26
CPT 83880	Natriuretic peptide (heart and blood vessel protein) level	\$742.00
CPT 84484	Troponin - test to measure heart muscle damage	\$377.10
CPT 84520	Urea nitrogen level to assess kidney function, quantitative (BUN)	\$88.88
CPT 84703	Blood pregnancy test (gonadotropin (reproductive hormone) analysis)	\$236.90
CPT 85025	Complete blood count with differential	\$153.70
CPT 85378	D-dimer - a measurement of coagulation function	\$317.55
CPT 87040	Blood culture - check for bacterial or fungal infection	\$336.10
CPT 87081	Culture screening test for strep	\$186.75
CPT 87086	Urine culture	\$218.15
CPT 87147	Identification of organisms by immunologic analysis	\$112.55
CPT 87150	Identification of organisms by genetic analysis, amplified probe technique	\$164.44
CPT 87591	Gonorrhea detection by DNA amplified probe technique	\$190.60
CPT 87428	Detection test by immunoassay technique for SARS-Covid and influenza	\$78.70
CPT 87880	Strep throat test	\$278.25
CPT 93005	EKG - electrocardiogram - heart tracing	\$551.70
CPT 96360	Intravenous (IV) infusion for hydration, initial hour	\$664.60
CPT 96361	Intravenous (IV) infusion for hydration, each additional hour	\$243.30
CPT 96365	Intravenous (IV) infusion therapy, initial hour	\$639.05
CPT 96372	Medication given into the muscle or skin (shot)	\$194.40
CPT 96374	Injection of drug or substance into vein	\$595.85
CPT 96375	Injection of additional new drug or substance into vein	\$256.75
CPT 96376	Injection of additional of same drug or substance into vein	\$310.85

A physician providing health care services at this facility may bill separately from the facility services provided.