

Patient Information

Thank you for choosing Saint Joseph Hospital Emergency Center 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 SCL Health customer service at 1-866-665-2636 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 | Pathways Networks, Medicare Advantage HMO/PPO, HMO Select, CU Exclusive plan |
| Bright Health Plans | All plans/products |
| Denver Health | Exchange plans (Bronze, Silver, Gold), CHP Plus, Medicaid Choice, Medicare Select, Medicare Choice, Highpoint HMO |
| Humana | HMOX/PPOX networks |
| Innovage (PACE) | Only West Pines is contracted |
| 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.

Patient Information

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 | 2024 Max Possible Charge |
|--------------|--|--------------------------|
| CPT 99281 | Level 1 Emergency Department Visit | \$768.71 |
| CPT 99282 | Level 2 Emergency Department Visit | \$1,728.65 |
| CPT 99283 | Level 3 Emergency Department Visit | \$3,637.91 |
| CPT 99284 | Level 4 Emergency Department Visit | \$4,274.17 |
| CPT 99285 | Level 5 Emergency Department Visit | \$9,440.16 |
| CPT 99291 | Evaluation of care of critically ill first 30 to 74 minutes | \$16,917.96 |
| CPT 99292 | Evaluation of care of critically ill after first 30 to 74 minutes (30 min block) | \$1,403.83 |
| CPT 36415 | Blood draw (venipuncture) | \$84.28 |
| CPT 70450 | CT scan - head/brain without contrast (intravenous dye) | \$2,245.77 |
| CPT 71045 | 1 View Chest Xray - front only | \$401.79 |
| CPT 71046 | 2 View Chest Xray - front and side | \$536.23 |
| CPT 73130 | 3 View Hand Xray - one hand | \$444.19 |
| CPT 73562 | 3 View Knew Xray - one knee | \$461.25 |
| CPT 73610 | 3 View Ankle Xray - one ankle | \$434.88 |
| CPT 73630 | 3 View Foot Xray - one foot | \$461.25 |
| CPT 74176 | CT scan - abdomen/pelvis without contrast (intravenous dye) | \$4,142.34 |
| CPT 74177 | CT scan - abdomen/pelvis with contrast (intravenous dye) | \$6,423.93 |
| CPT 80051 | Electrolyte blood test panel | \$100.94 |
| CPT 80053 | Complete metabolic panel | \$304.13 |
| CPT 80076 | Liver Function blood test | \$235.30 |
| CPT 81003 | Urinalysis with machine, no microscope | \$58.97 |
| CPT 81025 | Urine pregnancy test | \$174.40 |
| CPT 82150 | Amylase (enzyme) level | \$169.85 |
| CPT 82550 | Creatine kinase (cardiac enzyme) level, total (CK or CPK) | \$117.18 |
| CPT 82565 | Blood creatinine level | \$86.40 |
| 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 | \$706.68 |
| CPT 84484 | Troponin - test to measure heart muscle damage | \$359.14 |
| CPT 84520 | Urea nitrogen level to assess kidney function, quantitative (BUN) | \$88.88 |
| CPT 84703 | Blood pregnancy test (gonadotropin (reproductive hormone) analysis) | \$225.60 |
| CPT 85025 | Complete blood count with differential | \$146.40 |
| CPT 85378 | D-dimer - a measurement of coagulation function | \$302.45 |
| CPT 87040 | Blood culture - check for bacterial or fungal infection | \$320.08 |
| CPT 87081 | Culture screening test for strep | \$177.88 |
| CPT 87086 | Urine culture | \$207.75 |
| CPT 87147 | Identification of organisms by immunologic analysis | \$107.20 |
| CPT 87150 | Identification of organisms by genetic analysis, amplified probe technique | \$164.44 |
| CPT 87420 | Detection test by immunoassay technique for respiratory syncytial virus(RSV) | \$370.08 |
| CPT 87428 | Detection test by immunoassay technique for SARS-Covid and influenza | \$74.96 |
| CPT 87880 | Strep throat test | \$278.95 |
| CPT 93005 | EKG - electrocardiogram - heart tracing | \$437.84 |
| CPT 94640 | Inhalation treatment for airway obstruction or sputum production | \$630.64 |
| CPT 96360 | Intravenous (IV) infusion for hydration, initial hour | \$632.93 |
| CPT 96361 | Intravenous (IV) infusion for hydration, each additional hour | \$232.18 |
| CPT 96365 | Intravenous (IV) infusion therapy, initial hour | \$608.63 |
| CPT 96372 | Medication given into the muscle or skin (shot) | \$185.16 |
| CPT 96374 | Injection of drug or substance into vein | \$566.89 |
| CPT 96375 | Injection of additional new drug or substance into vein | \$244.54 |
| CPT 96376 | Injection of additional of same drug or substance into vein | \$296.03 |

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