

**Price Transparency Tool Used by:  
The Memorial Hospital, a critical access hospital**

**Written Response to Patient's Request for Charge Information  
Service Type: Radiology Outpatient**

June 14, 2006

Amy Shutak  
PO Box XXX  
Intervale, NH 03845

Dear Amy,

Thank you for your recent inquiry into the cost of a femur x-ray, two views. We are pleased that you are considering The Memorial Hospital as a provider of your health care services. Based on the information you and/or your physician provided to us, the estimated hospital cost for this service is \$184.00.

While we make every effort to ensure the accuracy of our quotes, medical care and diagnostic testing can take different turns. Therefore, please take note that this is only an estimate and not a guarantee of the cost of this service. Your physician may choose to do a different test or order additional tests not included in this quote which may result in further charges. The cost of supplies or other materials that may be needed to perform the test are also not included in the quote. All quotes for services provided by our Radiology/Imaging Department *do not* include the fee for the Radiologist who reads and interprets the films. That fee will be billed separately by the Radiologist.

If you have additional questions about the cost of our services, please feel free to call again. We also encourage patients to check if their insurance plans require pre-certifications, referral approvals or other important items prior to the time of service. We are happy to assist with insurance-related matters, but questions specifically related to your plan should be addressed to your carrier. If you do not have insurance coverage, a variety of payment plans and assistance programs are available. We encourage you to contact us in advance of service to discuss these arrangements.

Thank you for considering The Memorial Hospital as your health care provider.

Sincerely,

Leslie Haddy  
Billing Department  
The Memorial Hospital

**Price Transparency Tool Used by:  
The Memorial Hospital, a critical access hospital**

**Written Response to Patient's Request for Charge Information  
Service Type: Multiple Outpatient Services**

June 14, 2006

Mrs. Kathleen Shutak  
PO Box XXX  
Intervale, NH 03845

Dear Mrs. Shutak,

Thank you for your recent inquiry into the cost of the services listed below. We are pleased that you are considering The Memorial Hospital as a provider of your health care services. Based on the information you and/or your physician provided to us, the estimated cost for these services are as follows;

Ultrasound Abdomen Retroperitoneal	\$534.00
Ultrasound Abdomen Retroperitoneal Lmtd	\$385.00
Ultrasound Abdomen	\$534.00
Ultrasound Abdomen Limited	\$385.00
Bone Density (DEXA)	\$285.00

While we make every effort to ensure the accuracy of our quotes, medical care and diagnostic testing can take different turns. Therefore, please take note that this is only an estimate and not a guarantee of the cost of this service. Your physician may choose to do a different test or order additional tests not included in this quote, which may result in further charges. The cost of supplies or other materials that may be needed to perform the test are also not included in the quote. All quotes for services provided by our Radiology/Imaging Department do not include the fee for the Radiologist who reads and interprets the films. That fee will be billed separately by the Radiologist.

If you have additional questions about the cost of our services, please feel free to call again. We also encourage patients to check if their insurance plans require pre-certifications, referral approvals or other important items prior to the time of service. We are happy to assist with insurance-related matters, but questions specifically related to your plan should be addressed to your carrier. If you do not have insurance coverage, a variety of payment plans and assistance programs are available. We encourage you to contact us in advance of service to discuss these arrangements.

Thank you for considering The Memorial Hospital as your health care provider.

Sincerely,

Leslie Haddy  
Billing Supervisor  
The Memorial Hospital

**Price Transparency Tool Used by:  
The Memorial Hospital, a critical access hospital**

**Written Response to Patient's Request for Charge Information  
Service Type: Surgical Inpatient**

June 14, 2006

Mrs. Kathleen Shutak  
PO Box XXX  
Intervale, NH 03845

Dear Mrs. Shutak,

Thank you for your recent inquiry into the cost of removal of internal hardware (CPT 20680). We are pleased that you are considering The Memorial Hospital as a provider of your health care services. Based on the information you and/or your physician provided to us, the estimated cost for the procedure is \$3,700.00. This includes the cost of a pre-op chest xray, EKG and CBC lab test, *if ordered* by your physician. All professional charges, (i.e., radiologists and anesthesiologists) are billed separately and are not included in this estimate. While we make every effort to ensure the accuracy of our quotes, medical care and diagnostic testing can take different turns. This estimate is based on the average cost of same or similar procedures. Since each person's health needs and surgeries vary, the price given is only an estimate and will depend on the individual's specific situation.

If you have additional questions about the cost of our services, please feel free to call again. We also encourage patients to check if their insurance plans require pre-certifications, referral approvals or other important items prior to the time of service. We are happy to assist with insurance-related matters, but questions specifically related to your plan should be addressed to your carrier. If you do not have insurance coverage, a variety of payment plans and assistance programs are available. We encourage you to contact us in advance of service to discuss these arrangements.

Thank you for considering The Memorial Hospital as your health care provider.

Sincerely,

Leslie Haddy  
Billing Supervisor  
The Memorial Hospital

Via fax 555-5555

**Price Transparency Tool Used by:  
The Memorial Hospital, a critical access hospital**

**Written Response to Patient's Request for Charge Information  
Service Type: Medical Inpatient**

June 14, 2006

Karen Shutak  
PO Box XXX  
Intervale, NH 03845

Dear Ms. Shutak,

Thank you for your recent inquiry into the estimated cost for inpatient services. We are pleased that you are considering The Memorial Hospital as a provider of your health care services. The semi-private daily room rate is \$475.00. The ICU daily rate is \$1,300.00. Please be aware that the room rate does not include diagnostic or therapeutic services, pharmacy or supply items.

If you have additional questions about the cost of our services, please feel free to call again. We also encourage patients to check if their insurance plan requires pre-certifications, referral approvals or other important items prior to the time of service. We are happy to assist with insurance related matters, but questions specifically related to your plan should be addressed to your carrier. If you do not have insurance coverage, a variety of payment plans and assistance programs are available. We encourage you to contact us in advance of service to discuss these arrangements.

Thank you for considering The Memorial Hospital as your health care provider.

Sincerely,

Leslie Haddy  
Billing Representative  
The Memorial Hospital

Visit the Patient Friendly Billing web site at [www.patientfriendlybilling.org](http://www.patientfriendlybilling.org) for more information about Patient Friendly Billing processes and tools, or e-mail [info@patientfriendlybilling.org](mailto:info@patientfriendlybilling.org) for additional information.