

Marek Martynowicz, Inc.

Procedure Category	Procedure Code	Procedure Description	Price per unit
Endoscopy	31652	Bronchoscopy, rigid or flexible, including fluoroscopic guidance, when performed; with endobronchial ultrasound (EBUS) guided transtracheal and/or transbronchial sampling (eg, aspiration[s]/biopsy[ies]), one or two mediastinal and/or hilar lymph node stations or structures	\$4,950.00
Evaluation and Management / Consultations	99205	Office or other outpatient visit for the evaluation and management of a new patient, which requires a medically appropriate history and/or examination and high level of medical decision making.	\$690.00
Evaluation and Management / Consultations	99214	Office or other outpatient visit for the evaluation and management of an established patient, which requires a medically appropriate history and/or examination and moderate level of medical decision making.	\$341.00
Evaluation and Management / Consultations	99215	Office or other outpatient visit for the evaluation and management of an established patient, which requires a medically appropriate history and/or examination and high level of medical decision making.	\$495.00
Hospital Care	99223	Initial hospital care, per day, for the evaluation and management of a patient, which requires these 3 key components:	\$1,073.00
Hospital Care	99232	Subsequent hospital care, per day, for the evaluation and management of a patient, which requires at least 2 of these 3 key components:	\$386.00
Hospital Care	99233	Subsequent hospital care, per day, for the evaluation and management of a patient, which requires at least 2 of these 3 key components:	\$553.00
Evaluation and Management / Consultations	99245	Office consultation for a new or established patient, which requires these 3 key components:	\$974.00
Prolonged Services	99354	Prolonged service(s) in the outpatient setting requiring direct patient contact beyond the time of the usual service; first hour	\$747.00
Prolonged Services	99356	Prolonged service in the inpatient or observation setting, requiring unit/floor time beyond the usual service; first hour	\$900.00

Clinic Name & Location: Marek Martynowicz Inc., 3260 Providence Drive, Suite 523, Anchorage, AK 99508-4608

Clinic Website: NONE

DHSS Website: <http://dhss.alaska.gov/>

Contracted Insurance Companies:

The undiscounted price may be higher or lower than the amount an individual actually pays for the health care services described in the list.

You will be provided with an estimate of the anticipated charges for your nonemergency care upon request. Please do not hesitate to ask for information.

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