



THIS IS NOT A BILL

PO Box 800846
Charlottesville, VA 22908

Questions? Call (434) 243-7283
¿Preguntas? Llamada (434) 243-7283

Date:
Patient Name:
Date Of Birth:
Estimate ID:
Starting On:
Medical Record Number (MRN):

01/22/25

2/11/2025

Dear

Thank you for choosing UVA Health for your health care needs. This estimate has been prepared for your upcoming visit based on your information provided to UVA Health.

Our records indicate your insurance coverage as Anthem / Anthem PPO. If this is inaccurate, please contact us to update your insurance information and to obtain an updated estimate.

We are providing you with an estimate of **\$2,810.56** for Cochlear Device Implantation W/WO Mastoidectomy.

Patient Diagnosis/Diagnoses: H90.3 - Sensorineural hearing loss (SNHL), bilateral

[UVA University Hospital - Hospital Charge Detail](#)

Phone:

Tax ID:

Charlottesville VA 22908-0816

Code	Description	Qty	Amount
01999	HC Crna-(01999)	186	3,162.00
25000001	ACETAMINOPHEN 325 MG PO TABS (0904-6773-61)	3	1.46
25000001	LIDOCAINE-EPINEPHRINE 1 %-1:100000 IJ SOLN (0409-3178-01)	1	5.71
25000001	OXYCODONE HCL 5 MG PO TABS (0406-0552-62)	1	3.19
25000001	BACITRACIN ZINC 500 UNIT/GM EX OINT (0472-1105-56)	1	44.60
25000001	EPHEDRINE SULFATE 5 MG/ML IV WRAP RECORD (69374-901-10)	1	23.94
25000001	SODIUM CHLORIDE 0.9 % IRRIGATION BAG OPTIME (0338-0047-27)	3	486.00
25000001	SODIUM CHLORIDE 0.9 % IRRIGATION BOTTLE OPTIME (0338-0048-04)	1	45.00
25000001	LIDOCAINE HCL 2 % IJ SOLN (63323-202-02)	3	52.00
90001531	HC or Time per Minute	183	25,437.00
90002881	HC General Anesthesia per 15 Mins	13	7,566.00
90003546	HC Postop PR Qrhr	4	64.00
90003548	HC Rec Rm 1/4hr	4	676.00
J0171	EPINEPHRINE PF 1 MG/ML IJ SOLN (0409-7241-01)	10	16.80
J0330	SUCCINYLCHOLINE CHLORIDE 20 MG/ML IJ SOLN (0409-6629-02)	5	77.48
J0690	CEFAZOLIN SODIUM 1 G IJ SOLR (60505-6142-5)	4	22.86
J1100	DEXAMETHASONE SODIUM PHOSPHATE 4 MG/ML IJ SOLN (67457-423-12)	8	12.42
J1170	HYDROMORPHONE HCL 2 MG/ML IJ SOLN (0409-1312-30)	1	6.73
J2371	PHENYLEPHRINE HCL-NACL 10-0.9 MG/250ML-% IV SOLN (9999-1606-99)	249	26.35
J2405	ONDANSETRON HCL 4 MG/2ML IJ SOLN (70860-776-02)	4	4.00
J2704	PROPOFOL 10 MG/ML IV EMUL SUPERORDERABLE INJECTION (0409-4699-30)	19	32.83
J2704	PROPOFOL INFUSION 10 MG/ML (63323-269-65)	99	237.24

J3010	FENTANYL CITRATE 0.05 MG/ML IJ SOLN SUPERORDERABLE (WRAPPED)	1	6.16
	(0409-9094-22)		
J7120	LACTATED RINGERS IV SOLN (0338-0117-04)	1	28.00
L8614	HC Cochlear Device/System	1	38,506.00
Total Estimated Charges			76,543.77
Insurance Covers (based on 76,543.77 allowed amount)			-73,733.21
Your responsibility for charges billed by UVA University Hospital			2,810.56

MD - Physician Charge Detail		Phone: 4	
	, Charlottesville VA 22908-0713	Tax ID:	NPI:
Code	Description	Qty	Amount
69930	Cochlear Device Implantation W/WO Mastoidectomy	1	4,468.00
69436	Tympanostomy General Anesthesia	1	519.00
00126	Anes Xtrnl Mid & Inner Ear W/Bx Tympanotomy	7	840.00
69990	Microsurg Tqs Req Use Operating Microscope	1	1,117.00
Total Estimated Charges			6,944.00
Insurance Covers (based on 4,163.50 allowed amount)			-6,944.00
Your responsibility for charges billed by , MD			0.00

Physician Charge Detail			Tax ID: 541124769
Code	Description	Qty	Amount
00120	Anesthesia External Middle & Inner Ear W/Bx Nos	19	2,280.00
	Insurance Covers (based on 1,760.54 allowed amount)		-2,280.00
Your responsibility for charges billed by your physician			0.00

Total charges for similar cases have ranged from \$65,532.50 - \$92,650.03.

The information provided is an estimate and not a guarantee of the final cost. For accuracy, please confirm coverage with your insurance provider including benefit details regarding deductible, copay, coinsurance, and out of pocket max as this information can impact your out of pocket responsibility. The final bill may be different than the predicted cost for many reasons. This may include unexpected treatment or services provided during your visit, unknown complications, final diagnosis and/or changes in insurance. If this visit is related to your participation in a research study, you might not be responsible for some of these charges. Please contact your study team with any questions or concerns.

If you have questions or need assistance reviewing financial options, setting up a payment plan, or making a payment please contact a customer service representative.

Call

Email

uvahealth.org

Click

Mychart.healthsystem.virginia.edu/
mychart/guestestimates

Disclaimer

This Good Faith Estimate shows the costs of items and services that are reasonably expected for your upcoming visit. The estimate is based on information known at the time the estimate was created using existing insurance information and benefit information provided by your insurance company (if applicable).

The Good Faith Estimate does not include any unknown or unexpected costs that may arise during your visit. You could be charged more if complications or special circumstances occur or if a service was performed that was not known at the time of estimate creation. Your final bill will include charges for actual services provided to you and may differ from the original estimate.

Any questions about this estimate can be directed to (434) 243-7283 or UVAHEstimates@uvahealth.org. Please reference the Estimate ID# located in the box in the upper right hand corner of this letter.

If your bill is \$400 more than this Good Faith Estimate, federal law allows you the right to dispute (appeal) the bill. You may call UVA Health to let us know the billed charges are higher than the Good Faith Estimate. You can ask us to update the bill to match the Good Faith Estimate, ask to negotiate the bill, or ask if there is financial assistance available.

You may also start a dispute resolution process with the U.S. Department of Health and Human Services (HHS). If you choose to use the dispute resolution process, you must start the dispute process within 120 calendar days (about 4 months) of the date on the original bill. There is a \$25 fee to use the dispute process. If the agency reviewing your dispute agrees with you, you will have to pay the price on this Good Faith Estimate. If the agency disagrees with you and agrees with the health care provider or facility, you will have to pay the higher amount. To learn more about your right to a Good Faith Estimate go to www.cms.gov/nosurprises or email FederaPPDRQuestions@cms.hhs.gov or call 1-800-985-3059.

Please keep a copy of this Good Faith Estimate in a safe place or take pictures of it as you will need it if you are billed a higher amount.