

Surgery Center of Volusia Fee Schedule

Group	FHC Triple/Opts/POS										UHC	VHN Daytona State & Rad. Assoc. ONLY	
	Aetna	Beech St	BC/BS	Cigna	First Health	Humana MC	Humana Comm	Medicare	Medicaid	Multiplan See * Below for Network Info.			Tricare
0													
1	\$322.00	\$421.00	\$312.00	\$312.00	\$580.00	\$354.44	\$257.78	\$306.11	see procedure list	\$322.22	\$189.00	\$100.00	see procedure list
2	\$432.00	\$564.00	\$419.00	\$418.00	\$696.00	\$474.71	\$345.25	\$409.98	see procedure list	\$431.56	\$330.00	\$163.00	see procedure list
3	\$494.00	\$645.00	\$479.00	\$478.00	\$812.00	\$542.82	\$394.78	\$468.81	see procedure list	\$493.48	\$463.00	\$400.00	see procedure list
4	\$610.00	\$798.00	\$591.00	\$591.00	\$928.00	\$670.56	\$487.68	\$579.12	see procedure list	\$609.60	\$499.00	\$814.00	see procedure list
5	\$694.00	\$908.00	\$674.00	\$673.00	n/a	\$763.15	\$555.02	\$659.09	see procedure list	\$693.78	\$622.00	\$1,357.00	see procedure list
6	\$804.00	\$1,045.00	\$785.00	\$777.00	n/a	\$884.52	\$643.29	\$763.90	see procedure list	\$804.11	\$745.00	\$1,737.00	see procedure list
7	\$963.00	\$1,258.00	\$935.00	\$934.00	n/a	\$1,059.05	\$770.22	\$914.64	see procedure list	\$962.78	\$823.00	\$2,172.00	see procedure list
8	\$946.00	\$1,231.00	\$923.00	\$915.00	n/a	\$1,040.98	\$757.08	\$899.03	see procedure list	\$946.35	\$938.00	\$4,072.00	see procedure list
9	n/a	\$1,694.00	\$3,300.00	\$1,258.00	n/a	\$1,425.20	\$1,036.51	\$1,230.86	see procedure list	\$1,295.64	\$1,114.00	\$8,143.00	see procedure list
10	n/a	n/a	\$1,500.00	\$1,258.00	n/a	n/a	n/a	n/a	see procedure list	n/a	\$1,414.00	\$12,486.00	see procedure list
11	n/a	n/a	\$1,000.00	\$1,500.00	n/a	n/a	n/a	n/a	see procedure list	n/a	n/a	n/a	see procedure list
Default	\$610.00	n/a	\$1,000.00	\$418.00	n/a	n/a	\$487.68	\$579.12	n/a	n/a	n/a	\$163.00	see procedure list
Max Benefit	n/a	\$3,000.00	\$1,500.00	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	see procedure list
Implants	not payable	70%	50%	50%	110%	110% cost	105% cost	105% cost	some @ 50% chrg	some @ 50% chrg	not payable	not payable	50% charges
Eff date	9/15/2003	2/1/2004	2/1/2004	2/15/2004	10/15/2003	4/1/2008	10/15/2003	10/15/2003	6/26/2003	6/26/2003	9/1/2009	2/1/2005	7/1/2008
Comp. w/ 2007 Mdcr	100%	130.67%	own grp rates	own grp rates	own grp rates	110%	80%	95%			\$1.00	own grp rates	own grp rates

Contract Spec. to
GI / Slade ONLY

Great West SCV out of network
One Health SCV out of network
BC/BS MI SCV in network eff 2/1/04

*MultiPlan Network Includes:
PHCS / Value Point / American Life Care / Up and Up

Revised 8/28/09 AA

110% 2008 Mdcr
Reimb. Rates
Contract Excludes
GI / Slade