



**Air Care & Mobile Care
Patient Price Information List**

In compliance with state law, UC Health is providing this price list containing our room and board, emergency room, operating room, delivery, physical therapy, observation and other procedures. The hospital's charges are the same for all patients, but a patient's responsibility may vary, depending on payment plans negotiated with individual health insurers. Uninsured or underinsured patients should consult with a hospital financial counselor to determine if they qualify for discounts.

Effective January 1, 2021

Air Care & Mobile Care Charges

	HCPCS		
BLS Non-Emergent	A0428	\$	1,767.23
BLS Emergent	A0429	\$	2,424.05
ALS1 Non-Emergent	A0426	\$	2,424.05
ALS1 Emergent	A0427	\$	3,837.46
ALS2	A0433	\$	5,553.89
SCT	A0434	\$	6,564.50
SCT w/IABP	A0434	\$	7,824.50
911 Treat NT	A0998	\$	580.61
Lift Assist	A0424	\$	694.92
Rotor Wing	A0431	\$	29,456.60
Pronounced NT	A0431	\$	29,456.60
Ground Ambulette	A0130	\$	80.75
Ground Mileage	A0425	\$	70.76
Rotor Wing Mileage	A0436	\$	361.25
Ambulette Mileage	S0209	\$	20.00
Oxygen	A0422	\$	366.52