hospital_n	last_updat	version	location_n	hospital_l	hospital_a	license_nu	type_2_np	To the bes	attester_name
Springbroo	########	3.0.0	Chestnut I	Chestnut I	1 Havenw	HTL-0442	1.4E+09	TRUE	Rebekah Wright

description	code|1	code|1	ty	modifiers	setting	drug_unit_	drug_type_	standard_	standard_	payer_nam	plan_nam	standard_	standard_	standard_	median_ar	10th_perc	90th_perc	count	standard_	standard_	standard_	additional_generic_notes
AAU All-In	124	RC			inpatient			2500		Aetna	HMO/PPO	1125							per diem	1125	1125	payer-specific rate; discounted cash price not provided in source PDF
AAU All-In	124	RC			inpatient			2500		Aetna Bett	Medicaid	1300							per diem	1300	1300	payer-specific rate; discounted cash price not provided in source PDF
AAU All-In	124	RC			inpatient			2500		Alaska Me	Medicaid	1275							per diem	1275	1275	payer-specific rate; discounted cash price not provided in source PDF
AAU All-In	919	RC			inpatient			2500		Alliance- N	Medicaid	1275							per diem	1275	1300	payer-specific rate; discounted cash price not provided in source PDF
AAU All-In	124	RC			inpatient			2500		BCBS	HMO/PPO	915							per diem	915	915	payer-specific rate; discounted cash price not provided in source PDF
AAU All-In	124	RC			inpatient			2500		CBA	Medicaid	1170							per diem	1170	1170	payer-specific rate; discounted cash price not provided in source PDF
AAU All-In	124	RC			inpatient			2500		Blue Choic	Medicaid	800							per diem	800	1122	payer-specific rate; discounted cash price not provided in source PDF
AAU All-In	919	RC			inpatient			2500		Cigna	HMO/PPO	1060							per diem	1060	1060	payer-specific rate; discounted cash price not provided in source PDF
AAU All-In	124	RC			inpatient			2500		Colorado I	Medicaid	1275							per diem	1275	1275	payer-specific rate; discounted cash price not provided in source PDF
AAU All-In	124	RC			inpatient			2500		Humana	HMO/PPO	1208							per diem	1208	1208	payer-specific rate; discounted cash price not provided in source PDF
AAU All-In	124	RC			inpatient			2500		Kaiser	HMO	1300							per diem	1300	1300	payer-specific rate; discounted cash price not provided in source PDF
AAU All-In	124	RC			inpatient			2500		Magellan	HMO/PPO	1238							per diem	1238	1238	payer-specific rate; discounted cash price not provided in source PDF
AAU All-In	919	RC			inpatient			2500		Partners- I	Medicaid	1275							per diem	1275	1300	payer-specific rate; discounted cash price not provided in source PDF
AAU All-In	124	RC			inpatient			2500		Select Hea	MCO	1275							per diem	1275	1275	payer-specific rate; discounted cash price not provided in source PDF
AAU All-In	124	RC			inpatient			2500		TennCare	Medicaid	1300							per diem	1300	1300	payer-specific rate; discounted cash price not provided in source PDF
AAU All-In	124	RC			inpatient			2500		TENN DCS	Medicaid	1300							per diem	1300	1300	payer-specific rate; discounted cash price not provided in source PDF
AAU All-In	124	RC			inpatient			2500		Tricare Eas	HMO/PPO	980							per diem	980	980	payer-specific rate; discounted cash price not provided in source PDF
AAU All-In	124	RC			inpatient			2500		Tricare We	HMO/PPO	980							per diem	980	980	payer-specific rate; discounted cash price not provided in source PDF
AAU All-In	124	RC			inpatient			2500		Triltlium- N	Medicaid	1275							per diem	1275	1300	payer-specific rate; discounted cash price not provided in source PDF
AAU All-In	919	RC			inpatient			2500		UBH/Optu	HMO/PPO	1108							per diem	1108	1108	payer-specific rate; discounted cash price not provided in source PDF
AAU All-In	124	RC			inpatient			2500		UMR	PPO	1275							per diem	1275	1275	payer-specific rate; discounted cash price not provided in source PDF
AAU All-In	124	RC			inpatient			2500		Unicare	Medicare	1275							per diem	1275	1275	payer-specific rate; discounted cash price not provided in source PDF
AAU All-In	124	RC			inpatient			2500		United Hea	UHC Choi	1108							per diem	1108	1108	payer-specific rate; discounted cash price not provided in source PDF
AAU All-In	124	RC			inpatient			2500		Vaya- NC I	Medicaid	1275							per diem	1275	1300	payer-specific rate; discounted cash price not provided in source PDF
AAU All-In	919	RC			inpatient			2500		Virginia CS	Medicaid	1300							per diem	1300	1300	payer-specific rate; discounted cash price not provided in source PDF
AAU All-In	124	RC			inpatient			2500		WV DHHR	Medicaid	1300							per diem	1300	1300	payer-specific rate; discounted cash price not provided in source PDF
AAU All-In	124	RC			inpatient			2500		GA DFCS	Medicaid	1300							per diem	1300	1300	payer-specific rate; discounted cash price not provided in source PDF
AAU All-In	124	RC			inpatient			2500		Planned Ar	HMO/PPO	1275							per diem	1275	1275	payer-specific rate; discounted cash price not provided in source PDF