Table 3B - Laboratory Services (Blood Test, Fecal Test, Urine Test, Swab Test)

Physician and Hospital Pricing of Common Outpatient Procedures - Gross Charges

Under Act 53, the information in the table below was required to be submitted by the hospitals to the Vermont Department of Health. Most of the charges in the table are effective for the period of October 1, 2024 through September 30, 2025. They are based on Common Procedural Terminology (CPT®) codes, which are defined as "a listing of descriptive terms and identifying codes for reporting medical services and procedures performed by physicians. The purpose of the terminology is to provide a uniform language that will accurately describe medical, surgical, and diagnostic services, and will thereby provide an effective means for reliable nationwide communication among physicians, patients, and third parties" (CPT® 2012 Standard Edition codebook - American Medical Association).

The tables of CPT code charges shown on the Health Department's website provide hospital and physician gross charge information for selected commonly used outpatient procedures and related physician services. The charges listed are for the procedures themselves and do not represent other procedures that your physician may order or recommend. For some procedures, additional services such as blood collection or sedation may be required in conjunction with delivering the listed procedure. There may also be charges for supplies and pharmaceuticals used in the procedure. To completely understand all possible charges that may apply for services received, please call your hospital and/or physician. Every patient event may have unique circumstances that could require additional services determined at the time of care, which can affect your total charges. The gross charges shown do NOT take into account any discounts or insurance. Please see the "Frequently Asked Questions" page for more information about pricing issues and considerations.

For each table:

- All charges shown are for hospitals and hospital-employed physicians only.
- "N/A" for hospital charges indicates that the hospital does not perform this particular procedure. Check with the hospital as it may perform a similar procedure that is not listed.
- "N/A" for physician charges indicates that the hospital does not employ any physician who performs the service. In these cases, you may expect a separate charge from your physician or another doctor not employed directly by the hospital.
- The Hospital System Averages at the bottom of the table are the averages of the charges shown for each CPT code and do not include any charges that are "N/A".
- Note that many of the codes on the list are diagnostic tests in which the physician charge component represents the medical interpretation of a resulting image, lab specimen analysis, etc.
- ® CPT is a registered trademark of the American Medical Association.
- § Hospital in the table below did not submit the required CPT code pricing information to the Department of Health as of May 31, 2025.

Table 3B - Laboratory Services

		Blood Test ⁵												
	CPT Code	80048	80051	80053	80061	80069	80074	80076	82306	82310	82378	82435	82465	82523
Hospital	Description	Basic metabolic panel (calcium, total)	Electrolyte panel	Comprehensive metabolic panel	Lipid panel	Renal (kidney) function panel	Acute hepatitis panel	Hepatic (liver) function panel	Vitamin D level	Calcium level	Carcinoembryo nic antigen, CEA	Chloride level	Cholesterol levels	Collagen cross links
Brattleboro Memorial Hospital	Hospital Charge	\$110	\$90	\$139	\$140	N/A	\$595	\$105	\$390	\$53	\$186	N/A	N/A	\$165
Central Vermont Medical Center	Hospital Charge	\$92	\$88	\$140	\$127	\$128	\$837	\$136	\$332	\$49	\$268	\$52	\$93	\$243
Copley Hospital	Hospital Charge	\$100	\$72	\$134	\$122	\$87	\$306	\$83	\$150	\$42	\$87	\$31	\$46	\$119
University of Vermont Medical Center	Hospital Charge	\$143	\$80	\$171	\$164	\$226	\$707	\$154	\$275	\$55	\$280	\$58	\$53	\$373
§ Gifford Medical Center	Hospital Charge													
Grace Cottage Family Health & Hospital	Hospital Charge	\$166	\$97	\$190	\$159	\$190	N/A	\$190	\$350	\$50	\$197	\$46	\$50	\$382
Mt. Ascutney Hospital	Hospital Charge	\$181	\$150	\$213	\$200	\$150	\$1,001	\$170	\$351	\$88	\$313	\$98	\$95	\$199
North Country Hospital	Hospital Charge	\$147	\$187	\$243	\$136	\$231	N/A	\$242	\$359	\$162	\$393	\$58	\$109	\$309
Northeastern Vermont Regional Hospital	Hospital Charge	\$173	\$104	\$217	\$191	\$150	\$525	\$142	\$327	\$68	\$392	\$35	\$72	\$69
Northwestern Medical Center	Hospital Charge	\$69	\$60	\$69	\$60	\$41	\$264	\$52	\$120	\$34	\$74	\$33	\$32	\$253
Porter Hospital	Hospital Charge	\$120	\$116	\$182	\$137	\$157	\$472	\$101	\$212	\$41	\$188	\$50	\$41	\$254
Rutland Regional Medical Center	Hospital Charge	\$52	\$70	\$57	\$72	\$203	\$390	\$59	\$163	\$91	\$340	\$108	\$95	\$293
Southwestern Vermont Medical Center	Hospital Charge	\$111	\$95	\$142	\$142	\$103	\$163	\$123	\$268	\$95	\$299	\$92	\$87	\$412
Springfield Hospital	Hospital Charge	\$117	\$112	\$98	\$138	\$121	N/A	\$230	\$95	\$28	\$44	\$65	\$66	\$99
Hospital System Averages	Hospital Charge	\$122	\$102	\$153	\$138	\$149	\$526	\$137	\$261	\$66	\$235	\$60	\$70	\$244

			Blood Test 5													
	CPT Code	82550	82565	82607	82627	82728	82785	82947	82977	83036	83525	83540	83550	83615		
Hospital	Description	Creatine kinase (CK) level	Creatinine level	Vitamin B-12 (cyanocobalamin) level	DHEA-S level	Ferritin level	lgE (immune system protein) level	Blood glucose (sugar) level	Glutamyltransfe rase (liver enzyme) level (GGT)	Glycosylated mehoglobin test (A1C) for blood glucose	Insulin level	Iron level	Iron binding capacity	Lactate dehyrogenase (enzyme) level		
Brattleboro Memorial Hospital	Hospital Charge	\$83	\$67	\$135	\$286	\$181	\$211	\$62	N/A	\$125	\$147	\$84	\$115	\$78		
Central Vermont Medical Center	Hospital Charge	\$111	\$48	\$112	\$390	\$139	\$104	\$62	\$112	\$69	\$0	\$68	\$82	\$97		
Copley Hospital	Hospital Charge	\$69	\$53	\$87	\$134	\$87	\$109	\$42	\$75	\$98	\$122	\$69	\$87	\$60		
University of Vermont Medical Center	Hospital Charge	\$71	\$56	\$169	\$261	\$171	\$106	\$48	\$67	\$137	\$106	\$139	\$91	\$60		
§ Gifford Medical Center	Hospital Charge															
Grace Cottage Family Health & Hospital	Hospital Charge	\$107	\$46	\$139	\$303	\$126	\$157	\$46	\$86	\$126	\$157	\$78	\$95	\$98		
Mt. Ascutney Hospital & Health Center	Hospital Charge	\$135	\$97	\$224	\$390	\$272	\$304	\$77	\$46	\$202	\$214	\$140	\$184	\$127		
North Country Hospital	Hospital Charge	\$223	\$87	\$410	\$413	\$314	\$195	\$82	\$226	\$250	\$123	\$211	\$211	\$231		
Northeastern Vermont Regional Hospital	Hospital Charge	\$125	\$92	\$211	\$458	\$161	\$159	\$57	\$93	\$28	\$162	\$106	\$167	\$114		
Northwestern Medical Center	Hospital Charge	\$34	\$34	\$33	\$110	\$55	\$74	\$34	\$31	\$43	\$88	\$34	\$43	\$212		
Porter Hospital	Hospital Charge	\$74	\$45	\$121	\$288	\$172	\$146	\$41	\$46	\$128	\$118	\$85	\$85	\$41		
Rutland Regional Medical Center	Hospital Charge	\$153	\$56	\$156	\$521	\$131	\$114	\$39	\$169	\$54	\$268	\$141	\$101	\$142		
Southwestern Vermont Medical Center	Hospital Charge	\$134	\$77	\$118	\$194	\$87	\$147	\$65	\$96	\$180	\$119	\$86	\$171	\$80		
Springfield Hospital	Hospital Charge	\$92	\$75	\$31	\$294	\$30	\$258	\$71	\$38	\$144	\$181	\$90	\$90	\$101		
Hospital System Averages	Hospital Charge	\$108	\$64	\$150	\$311	\$148	\$160	\$56	\$90	\$122	\$139	\$102	\$117	\$111		

All Vermont Community Hospitals

			Blood Test												
	CPT Code	83690 ⁵	83721 ⁵	83735 ⁵	83970 ⁵	84075 ⁵	84100 ⁵	84146 ⁵	84153 ⁵	84155 ⁵	84165 ⁵	84295 ⁵	84402 ³⁴	84403 ⁵	
Hospital	Description	Lipase (fat enzyme) level	LDL cholesterol level	Magnasium level	Parathormone (parathyroid hormone) level	Phosphatase (enzyme) level; alkaline	Phosphate level	Prolactin (milk producing hormone) level	Prostate specific antigen (PSA), total	Total protein level	Protein level	Sodium level	Testosterone level, free	Testosterone level, total	
Brattleboro Memorial Hospital	Hospital Charge	\$61	\$119	\$88	\$530	\$67	\$61	\$248	\$191	\$48	\$287	\$57	\$326	\$313	
Central Vermont Medical Center	Hospital Charge	\$90	\$199	\$110	\$114	\$63	\$58	\$85	\$184	\$62	\$76	\$22	\$51	\$247	
Copley Hospital	Hospital Charge	\$52	\$66	\$72	\$208	\$53	\$40	\$101	\$181	\$43	\$109	\$34	\$142	\$145	
University of Vermont Medical Center	Hospital Charge	\$68	\$167	\$77	\$234	\$56	\$53	\$232	\$192	\$50	\$136	\$57	\$211	\$164	
§ Gifford Medical Center	Hospital Charge														
Grace Cottage Family Health & Hospital	Hospital Charge	\$64	\$167	\$98	\$487	\$64	\$59	\$241	\$194	\$59	\$138	\$63	\$263	\$314	
Mt. Ascutney Hospital & Health Center	Hospital Charge	\$97	\$171	\$140	\$725	\$104	\$100	\$386	\$325	\$77	\$197	\$85	\$464	\$405	
North Country Hospital	Hospital Charge	\$424	\$199	\$153	\$497	\$219	\$159	\$413	\$174	\$220	\$84	\$73	N/A	\$431	
Northeastern Vermont Regional Hospital	Hospital Charge	\$107	\$142	\$130	\$514	\$88	\$77	\$316	\$223	\$71	\$164	\$63	\$199	\$227	
Northwestern Medical Center	Hospital Charge	\$34	\$127	\$36	\$309	\$34	\$34	\$53	\$69	\$31	\$37	\$34	\$50	\$50	
Porter Hospital	Hospital Charge	\$72	\$93	\$46	\$257	\$45	\$45	\$174	\$187	\$40	\$98	\$45	\$92	\$207	
Rutland Regional Medical Center	Hospital Charge	\$109	\$129	\$157	\$413	\$120	\$110	\$194	\$192	\$86	\$105	\$103	\$245	\$312	
Southwestern Vermont Medical Center	Hospital Charge	\$96	\$93	\$126	\$241	\$95	\$95	\$346	\$321	\$77	\$176	\$88	\$194	\$194	
Springfield Hospital	Hospital Charge	\$99	\$125	\$93	\$86	\$75	\$72	\$40	\$30	\$11	\$31	\$66	\$157	\$62	
Hospital System Averages	Hospital Charge	\$106	\$138	\$102	\$355	\$83	\$74	\$218	\$189	\$67	\$126	\$61	\$199	\$236	

		Blood Test													
	CPT Code	84436 ⁵	84439 ⁵	84443 ⁵	84450 ⁵	84460 ⁵	84478 ⁵	84479 ⁵	84480 ⁵	84481 ⁵	84520 ⁵	84550 ⁵	84703 ⁸	85025 ⁵	
Hospital	Description	Thyroxine (thyroid chemical) level, total	Thyroxine (thyroid chemical) level, free	Thyroid stimulating hormone (TSH) level	Aspartate aminotransferase (AST or SGOT) test	Aalanine transaminase (ALT or SGPT) test	Triglycerides level	Test to evaluate thyroid hormone	T3 (thyroid hormone) level, total	T3 (thyroid hormone) level, free	Urea nitrogen level	Uric acid level	Gonadotropin (reproductive hormone)	CBC, automated, and automated WBC count	
Brattleboro Memorial Hospital	Hospital Charge	\$88	\$119	\$216	\$68	\$61	\$76	\$76	\$186	\$222	\$46	\$59	\$99	\$102	
Central Vermont Medical Center	Hospital Charge	\$107	\$180	\$220	\$66	\$76	\$115	\$61	\$181	\$276	\$42	\$72	\$0	\$60	
Copley Hospital	Hospital Charge	\$72	\$132	\$145	\$53	\$49	\$62	\$44	\$85	\$122	\$38	\$48	\$46	\$71	
University of Vermont Medical Center	Hospital Charge	\$113	\$128	\$206	\$55	\$55	\$60	\$135	\$150	\$125	\$50	\$54	\$34	\$88	
§ Gifford Medical Center	Hospital Charge														
Grace Cottage Family Health & Hospital	Hospital Charge	\$97	\$124	\$218	\$52	\$63	\$59	\$102	\$184	\$231	\$46	\$59	\$126	\$84	
Mt. Ascutney Hospital	Hospital Charge	\$115	\$188	\$294	\$109	\$97	\$109	\$140	\$316	\$297	\$74	\$95	\$145	\$148	
North Country Hospital	Hospital Charge	\$180	\$267	\$291	\$205	\$205	\$111	\$29	\$611	\$190	\$142	\$269	N/A	\$145	
Northeastern Vermont Regional Hospital	Hospital Charge	\$110	\$157	\$289	\$86	\$80	\$92	\$54	\$211	\$287	\$61	\$84	\$127	\$151	
Northwestern Medical Center	Hospital Charge	\$108	\$34	\$104	\$34	\$34	\$40	\$82	\$52	\$88	\$34	\$34	\$46	\$48	
Porter Hospital	Hospital Charge	\$90	\$114	\$190	\$69	\$45	\$39	\$102	\$104	\$153	\$45	\$70	N/A	\$97	
Rutland Regional Medical Center	Hospital Charge	N/A	\$147	\$105	\$121	\$110	\$135	N/A	\$305	\$397	\$55	\$55	\$80	\$46	
Southwestern Vermont Medical Center	Hospital Charge	\$114	\$175	\$258	\$77	\$82	\$92	\$71	\$119	\$132	\$77	\$77	\$185	\$135	
Springfield Hospital	Hospital Charge	\$44	\$159	\$119	\$87	\$71	\$96	\$153	\$190	\$58	\$62	\$67	\$122	\$113	
Hospital System Averages	Hospital Charge	\$103	\$148	\$204	\$83	\$79	\$83	\$87	\$207	\$198	\$59	\$80	\$92	\$99	

			Blood Test													
	CPT Code	85027 ⁵	85610 ¹	85651 ⁵	86003 ⁵	86038 ⁵	86140 ⁵	86141 ⁵	86430 ¹⁴	86304 ⁵	86480 ⁵	86618 ⁵	86695 ⁵	86696 ⁵		
Hospital	Description	CBC, automated	Clotting time	Red blood cell sedimentation rate	Antibody to allergic substance (lgE)	Test to screen for autoimmune disorder	C-reative protein	C-reative protein, high sensitivity	Rheumatoid factor	Immunoassay for tumor antigen, quantitative; CA 125	Tuberculosis test	Analysis for lyme disease bacteria	Antibody to herpes simplex virus, type 1	Antibody to herpes simplex virus, type 2		
Brattleboro Memorial Hospital	Hospital Charge	\$81	\$52	N/A	\$669	\$155	\$46	\$170	\$76	\$266	\$217	\$230	\$169	\$229		
Central Vermont Medical Center	Hospital Charge	\$60	\$59	\$0	\$100	\$93	\$83	\$135	\$0	\$273	\$340	\$218	\$179	\$179		
Copley Hospital	Hospital Charge	\$67	\$48	\$0	\$139	\$72	\$34	\$55	\$0	\$120	\$346	\$112	\$94	\$132		
University of Vermont Medical Center	Hospital Charge	\$79	\$60	\$19	\$49	\$145	\$74	\$155	n/a	\$214	\$208	\$202	\$170	\$210		
§ Gifford Medical Center	Hospital Charge															
Grace Cottage Family Health & Hospital	Hospital Charge	\$89	\$70	\$64	\$59	\$139	\$84	\$170	n/a	\$210	\$720	\$171	\$156	\$206		
Mt. Ascutney Hospital	Hospital Charge	\$121	\$89	\$74	\$101	\$241	\$74	\$223	N/A	\$431	\$970	\$267	\$225	\$329		
North Country Hospital	Hospital Charge	\$103	100	\$145	\$16	\$592	\$255	\$106	N/A	\$396	\$321	\$161	\$104	\$84		
Northeastern Vermont Regional Hospital	Hospital Charge	\$145	\$93	N/A	\$27	\$263	\$80	\$101	N/A	\$446	\$244	\$310	\$207	\$415		
Northwestern Medical Center	Hospital Charge	\$48	\$34	N/A	\$18	\$185	\$34	\$158	\$41	\$88	\$223	\$86	\$88	\$122		
Porter Hospital	Hospital Charge	\$68	\$56	N/A	\$67	\$111	\$68	\$115	N/A	\$144	\$240	\$116	\$95	\$95		
Rutland Regional Medical Center	Hospital Charge	\$42	\$74	N/A	\$114	\$71	\$81	\$304	N/A	\$208	\$630	\$208	\$239	\$378		
Southwestern Vermont Medical Center	Hospital Charge	\$77	\$43	N/A	\$106	\$127	\$88	\$213	\$105	\$184	N/A	\$75	\$192	\$192		
Springfield Hospital	Hospital Charge	\$108	\$71	N/A	\$315	\$43	\$63	\$30	N/A	\$96	\$237	\$44	\$38	\$71		
Hospital System Averages	Hospital Charge	\$84	\$65	\$50	\$137	\$172	\$82	\$149	\$44	\$237	\$391	\$169	\$150	\$203		

					Blood Tes	st				Fecal Test				
	CPT Code	86703 ¹⁵	86706 ⁵	86787 ⁵	86800 ⁵	86803 ⁵	86850 ⁵	86900 ⁵	86901 ⁵	82270 ^{1,9}	87045 ¹⁶	87177 ⁵		
Hospital	Description	Antibody to HIV-1 and HIV-2 virus	Hepatitis B surface antibody level	Antibody to varicella-zoster virus (chicken pox)	Thyroglobulin (thyroid protein) antibody level	Hepatitis C antibody level	Antibody detection	ABO blood typing	Rh blood typing	Stool test for blood (to screen for colon tumors)	Stool test for bacterial culture	Stool test for parasites		
Brattleboro Memorial Hospital	Hospital Charge	\$139	\$186	\$166	\$155	\$186	\$151	\$40	\$37	N/A	\$125	\$108		
Central Vermont Medical Center	Hospital Charge	\$203	\$172	\$176	\$213	\$222	\$255	\$183	\$97	\$14	\$164	\$275		
Copley Hospital	Hospital Charge	\$113	\$93	\$158	\$112	\$125	\$362	\$231	\$119	\$0	\$0	\$0		
University of Vermont Medical Center	Hospital Charge	\$160	\$154	\$154	\$97	\$171	\$130	\$60	\$44	\$20	\$43	\$170		
§ Gifford Medical Center	Hospital Charge													
Grace Cottage Family Health & Hospital	Hospital Charge	\$159	\$176	\$188	\$150	\$227	\$161	\$81	\$81	\$45	N/A	\$209		
Mt. Ascutney Hospital	Hospital Charge	\$228	\$223	\$266	\$248	\$229	\$227	\$65	\$65	\$48	\$160	\$189		
North Country Hospital	Hospital Charge	N/A	\$256	\$149	\$63	\$181	\$139	\$112	N/A	see footnote 9	N/A	\$122		
Northeastern Vermont Regional Hospital	Hospital Charge	\$230	\$41	\$62	\$263	\$46	\$100	\$180	\$72	\$76	\$24	\$197		
Northwestern Medical Center	Hospital Charge	\$221	\$74	\$105	\$326	\$86	\$146	\$77	\$76	\$38	\$60	\$216		
Porter Hospital	Hospital Charge	N/A	\$124	\$80	\$100	\$118	\$148	\$136	\$43	N/A	N/A	\$149		
Rutland Regional Medical Center	Hospital Charge	N/A	\$252	\$239	\$283	\$312	\$227	\$236	\$129	\$89	\$145	\$138		
Southwestern Vermont Medical Center	Hospital Charge	\$194	\$194	\$118	\$148	\$119	\$230	\$135	\$126	\$63	\$126	\$174		
Springfield Hospital	Hospital Charge	N/A	\$41	\$101	\$194	\$40	\$88	\$56	\$99	N/A	N/A	\$59		
Hospital System Averages	Hospital Charge	\$183	\$153	\$151	\$181	\$159	\$182	\$122	\$82	\$44	\$94	\$154		

		Urine Test 81000 13,19 81001 5 81002 28 84156 5 87096 17 8709										
	CPT Code	81000 ^{13,19}	81001 ⁵	81003 ²⁸	84156 ⁵	87086 ¹⁷	87088 ⁵					
Hospital	Description	Urinalysis (non- automated), microscopy	Urinalysis (automated), with microscopy	Urinalysis (automated), without microscopy	Urine test for total protein level	Urine culture, colony count	Urine culture, organism identification					
Brattleboro Memorial Hospital	Hospital Charge	N/A	N/A	\$24	\$73	\$77	\$50					
Central Vermont Medical Center	Hospital Charge	\$24	\$128	\$66	\$68	\$84	\$91					
Copley Hospital	Hospital Charge	\$0	\$0	\$0	\$0	\$0	\$0					
University of Vermont Medical Center	Hospital Charge	\$18	\$61	\$48	\$46	\$129	\$111					
§ Gifford Medical Center	Hospital Charge											
Grace Cottage Family Health & Hospital	Hospital Charge	\$84	\$84	\$44	\$59	\$90	N/A					
Mt. Ascutney Hospital	Hospital Charge	N/A	\$66	\$53	\$80	\$98	\$81					
North Country Hospital	Hospital Charge	see footnote 13	\$159	see footnote 28	\$153	N/A	\$240					
Northeastern Vermont Regional Hospital	Hospital Charge	\$73	NA	\$47	\$73	\$130	\$92					
Northwestern Medical Center	Hospital Charge	N/A	\$57	\$44	\$36	\$53	\$29					
Porter Hospital	Hospital Charge	N/A	\$58	\$36	\$45	\$65	\$75					
Rutland Regional Medical Center	Hospital Charge	N/A	\$129	\$131	\$83	\$65	\$39					
Southwestern Vermont Medical Center	Hospital Charge	\$23	\$144	\$142	\$123	\$140	N/A					
Springfield Hospital	Hospital Charge	\$99	\$84	\$49	\$15	\$49	\$65					
Hospital System Averages	Hospital Charge	\$46	\$88	\$57	\$66	\$82	\$79					

			Swab Test												
	CPT Code	87070 ⁵	87077 ⁵	87081 ⁵	87186 ⁵	87205 ⁵	87400 ⁵	87430 ⁵	87491 ⁵	87591 ⁵	87624 ⁵	87880 ³¹			
Hospital	Description	Bacterial culture swab, other than urine, blood, or stool	Bacterial culture for aerobic isolates	Screening test for disease-causing organism	Evaluation of antimicrobial drug	Special stain for microorganism	Influenza test (virus A or B)	Strep test, group A, immunoassay technique	Chlamydia test, amplified probe technique	Gonorrhea test (neisseria gonorrhoeae bacteria)	Infectious agent detection of HPV, high risk types	Strep test, group A, immunoassay with direct optical obs.			
Brattleboro Memorial Hospital	Hospital Charge	\$110	\$107	\$53	\$114	\$57	\$150	\$186	\$225	\$225	\$336	N/A			
Central Vermont Medical Center	Hospital Charge	\$218	\$86	\$94	\$84	\$106	\$0	\$0	\$187	\$187	\$0	\$69			
Copley Hospital	Hospital Charge	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0			
University of Vermont Medical Center	Hospital Charge	\$111	\$234	\$94	\$278	\$80	\$64	\$76	\$247	\$247	n/a	\$75			
§ Gifford Medical Center	Hospital Charge														
Grace Cottage Family Health & Hospital	Hospital Charge	\$148	\$107	\$88	\$159	\$61	N/A	N/A	\$183	\$189	\$106	\$125			
Mt. Ascutney Hospital	Hospital Charge	\$186	\$170	\$166	\$224	\$90	\$112	\$123	\$438	\$438	\$341	\$89			
North Country Hospital	Hospital Charge	\$476	\$42	\$58	\$584	\$93	\$162	N/A	\$111	\$68	\$248	see footnote 31			
Northeastern Vermont Regional Hospital	Hospital Charge	\$192	\$93	\$97	\$192	\$104	\$63	N/A	\$556	\$556	\$609	\$112			
Northwestern Medical Center	Hospital Charge	\$60	\$56	\$75	\$282	\$60	N/A	N/A	\$77	\$81	\$129	\$129			
Porter Hospital	Hospital Charge	\$127	\$91	\$39	\$92	\$77	N/A	N/A	\$170	\$170	N/A	\$67			
Rutland Regional Medical Center	Hospital Charge	\$237	\$205	\$112	\$237	\$117	N/A	\$83	\$230	\$230	\$331	\$152			
Southwestern Vermont Medical Center	Hospital Charge	\$214	N/A	\$79	\$161	\$111	\$239	N/A	\$176	\$176	\$402	\$135			
Springfield Hospital	Hospital Charge	\$96	\$58	\$79	\$76	\$65	\$37	N/A	\$96	\$87	\$88	\$213			
Hospital System Averages	Hospital Charge	\$167	\$104	\$80	\$191	\$78	\$92	\$78	\$207	\$204	\$235	\$106			