

**Price Information List and Billing Policies for Acute Care at
SEQUEL Pomegranate Health Systems**

SEQUEL Pomegranate provides client price information for services rendered at its intensive psychiatric hospital and treatment center. The information contained here includes room and board and therapeutic services for our acute hospital only. Residential rates are contracted with individual counties, courts and referring agencies. Thank you for choosing SEQUEL-Pomegranate Health Systems. *Charges will vary depending on individual treatment plans, level of acuity, and provider contracts, as well as insurance contribution.* If you have billing questions, do not hesitate to contact us for clarification.

1/8/2019	<i>SERVICES LISTING for SEQUEL Pomegranate Health Systems ACUTE HOSPITAL</i>	
SERVICE #	DESCRIPTION	RATE
1001	Room and Board -Acute semi private	2100
1063	New Patient - Detail-CNP	131
1064	New Patient-Mod Complexity-MD	236
1065	New Patient-Mod Complexity-CNP	200
1066	New Patient-High Complexity-MD	296
1067	New Patient-Mod Complexity-CNP	252
1068	Est Patient-Problem Focused-MD	28
1069	Est Patient-Problem Focus-CNP	28
1070	Est Patient-Problem Focused-RN	28
1071	Est Patient-Problem Focus-LPN	28
1072	Est Pat-Expanded Problem Focused-MD	61
1073	Est Pat-Expanded Problem Focus-CNP	52
1074	Established Patient-Detail-MD	104
1075	Established Patient-Detail-CNP	88
1076	Est Patient-Mod Complex-MD	153
1077	Est Patient-Mod Complex-CNP	130
1078	Est Patient-High Complex-MD	206
1079	Est Patient-High Complex-CNP	175
1080	Initial Hospital Care Detail Per D	300
1081	Initial Hospital Care Comprehensive Per D	350
1082	Initial Hospital Care Complex Per D	450
1083	Subsequent Hospital Problem Focused	250
1084	Subsequent Hospital Expanded	300
1085	Subsequent Hospital Detail	350
1086	Hospital Discharge 30 min or l	250
1087	Hospital Discharge more than30	300
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Here is how to help better determine your actual charge/s:

- Please provide complete and accurate health insurance information such as the names and numbers on your health insurance card and/or responsible party, including a photo ID.
- Please be sure to submit referral and claim for information as requested. Contact your insurance provider for authorization of services, and to clarify and understand your benefits for behavioral health services. Sign consents for information requested by your referring caseworker.