

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, 2023 through September 30, 2024. 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.

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§ Hospital in the table below did not submit the required CPT code pricing information to the Department of Health as of May 31, 2024.

All Vermont Community Hospitals

Table 3B - Laboratory Services

Hospital	CPT Code	Description	Blood Test ⁵											
			80048 ⁷ Basic metabolic panel (calcium, total)	80051 Electrolyte panel	80053 Comprehensive metabolic panel	80061 Lipid panel	80069 Renal (kidney) function panel	80074 ⁸ Acute hepatitis panel	80076 Hepatic (liver) function panel	82306 Vitamin D level	82310 Calcium level	82378 Carcinoembryonic antigen, CEA	82435 Chloride level	82465 Cholesterol levels
§ Brattleboro Memorial Hospital	Hospital Charge													
Central Vermont Medical Center	Hospital Charge	\$89	\$85	\$135	\$117	\$123	\$810	\$132	\$80	\$47	\$259	\$50	\$90	\$235
Copley Hospital	Hospital Charge	\$79	\$56	\$106	\$97	\$68	\$245	\$65	\$119	\$32	\$68	\$25	\$36	\$97
University of Vermont Medical Center	Hospital Charge	\$101	\$46	\$119	\$99	\$180	\$472	\$112	\$152	\$30	\$187	\$35	\$32	\$277
§ Gifford Medical Center	Hospital Charge													
Grace Cottage Family Health & Hospital	Hospital Charge	\$162	\$94	\$185	\$155	\$185	n/a	\$185	\$341	\$49	\$192	\$45	\$49	\$45
Mt. Ascutney Hospital	Hospital Charge	\$177	\$147	\$208	\$196	\$147	\$979	\$166	\$343	\$86	\$306	\$96	\$93	\$266
North Country Hospital	Hospital Charge	\$142	\$181	\$235	\$131	\$224	n/a	\$234	\$347	\$157	\$380	\$56	\$106	\$298
Northeastern Vermont Regional Hospital	Hospital Charge	\$179	\$149	\$221	\$227	\$186	\$950	\$193	\$411	\$92	\$511	\$100	\$97	\$265
Northwestern Medical Center	Hospital Charge	\$66	\$58	\$66	\$58	\$40	\$255	\$50	\$116	\$46	\$398	\$31	\$40	\$243
Porter Hospital	Hospital Charge	\$120	\$116	\$182	\$137	\$157	\$300	\$101	\$212	\$41	\$188	\$50	\$41	\$254
Rutland Regional Medical Center	Hospital Charge	\$51	\$69	\$56	\$71	\$200	\$384	\$58	\$161	\$89	\$335	\$106	\$94	\$288
Southwestern Vermont Medical Center	Hospital Charge	\$105	\$90	\$135	\$135	\$97	\$155	\$116	\$254	\$90	\$283	\$87	\$82	\$390
Springfield Hospital	Hospital Charge	\$114	\$109	\$95	\$113	\$118	n/a	\$225	\$92	\$27	\$43	\$63	\$64	\$517
Hospital System Averages	Hospital Charge	\$115	\$100	\$145	\$128	\$144	\$505	\$136	\$219	\$65	\$262	\$62	\$69	\$265

All Vermont Community Hospitals

		Blood Test ⁵												
CPT Code		82550	82565	82607	82627	82728	82785 ⁶	82947 ⁶	82977	83036 ^{6,9}	83525 ⁶	83540	83550	83615
Hospital	Description	Creatine kinase (CK) level	Creatinine level	Vitamin B-12 (cyanocobalamin) level	DHEA-S level	Ferritin level	IgE (immune system protein) level	Blood glucose (sugar) level	Glutamyltransferase (liver enzyme) level (GGT)	Glycosylated mehoglobin test (A1C) for blood glucose	Insulin level	Iron level	Iron binding capacity	Lactate dehydrogenase (enzyme) level
§ Brattleboro Memorial Hospital	Hospital Charge													
Central Vermont Medical Center	Hospital Charge	\$107	\$46	\$108	\$377	\$135	\$102	\$60	\$109	\$159	\$222	\$66	\$79	\$94
Copley Hospital	Hospital Charge	\$54	\$41	\$68	\$106	\$68	\$86	\$32	\$58	\$77	\$97	\$54	\$68	\$47
University of Vermont Medical Center	Hospital Charge	\$40	\$32	\$96	\$251	\$105	\$102	\$29	\$33	\$135	\$102	\$106	\$49	\$32
§ Gifford Medical Center	Hospital Charge													
Grace Cottage Family Health & Hospital	Hospital Charge	\$45	\$45	\$135	\$295	\$123	\$153	\$45	\$84	\$123	\$153	\$153	\$92	\$95
Mt. Ascutney Hospital & Health Center	Hospital Charge	\$132	\$95	\$219	\$382	\$266	\$297	\$75	\$48	\$198	\$209	\$137	\$180	\$124
North Country Hospital	Hospital Charge	\$479	\$84	\$396	\$400	\$304	\$188	\$69	\$218	\$242	\$119	\$204	\$204	\$224
Northeastern Vermont Regional Hospital	Hospital Charge	\$139	\$113	\$219	\$441	\$154	\$343	\$89	\$154	\$113	\$242	\$139	\$186	\$129
Northwestern Medical Center	Hospital Charge	\$33	\$33	\$31	\$106	\$151	\$71	\$33	\$30	\$114	\$54	\$33	\$41	\$204
Porter Hospital	Hospital Charge	\$74	\$45	\$121	\$288	\$172	\$146	\$41	\$46	\$128	\$118	\$85	\$85	\$41
Rutland Regional Medical Center	Hospital Charge	\$150	\$54	\$154	\$513	\$129	\$113	\$39	\$166	\$53	\$264	\$72	\$100	\$139
Southwestern Vermont Medical Center	Hospital Charge	\$127	\$73	\$111	\$184	\$82	\$139	\$62	\$91	\$171	\$113	\$81	\$162	\$76
Springfield Hospital	Hospital Charge	\$61	\$73	\$30	\$287	\$175	\$96	\$69	\$37	\$140	\$177	\$88	\$90	\$98
Hospital System Averages	Hospital Charge	\$120	\$61	\$141	\$302	\$155	\$153	\$54	\$89	\$138	\$156	\$102	\$111	\$109

All Vermont Community Hospitals

		Blood Test ⁵												
CPT Code		83690	83721	83735 ⁶	83970	84075 ⁶	84100	84146	84153	84155	84165	84295 ⁶	84402 ⁶	84403 ⁶
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													
Central Vermont Medical Center	Hospital Charge	\$87	\$192	\$106	\$110	\$61	\$56	\$82	\$230	\$59	\$74	\$46	\$69	\$248
Copley Hospital	Hospital Charge	\$40	\$51	\$56	\$165	\$41	\$32	\$80	\$145	\$33	\$86	\$26	\$113	\$115
University of Vermont Medical Center	Hospital Charge	\$36	\$115	\$45	\$225	\$30	\$30	\$139	\$104	\$32	\$84	\$33	\$92	\$158
§ Gifford Medical Center	Hospital Charge													
Grace Cottage Family Health & Hospital	Hospital Charge	\$62	\$163	\$95	\$475	\$62	\$57	\$235	\$57	\$57	\$134	\$61	\$256	\$306
Mt. Ascutney Hospital & Health Center	Hospital Charge	\$95	\$167	\$137	\$709	\$102	\$96	\$378	\$318	\$75	\$193	\$83	\$454	\$396
North Country Hospital	Hospital Charge	\$410	\$193	\$241	\$481	\$212	\$154	\$400	\$168	\$212	\$81	\$70	\$342	\$417
Northeastern Vermont Regional Hospital	Hospital Charge	\$103	\$193	\$144	\$814	\$113	\$104	\$437	\$381	\$79	\$224	\$97	\$65	\$151
Northwestern Medical Center	Hospital Charge	\$33	\$127	\$71	\$178	\$50	\$51	\$51	\$347	\$18	\$36	\$12	n/a	\$73
Porter Hospital	Hospital Charge	\$72	\$93	\$50	\$257	\$54	\$45	\$174	\$187	\$40	\$98	\$45	\$99	\$207
Rutland Regional Medical Center	Hospital Charge	\$107	\$127	\$46	\$407	\$118	\$108	\$191	\$100	\$85	\$103	\$101	\$241	\$307
Southwestern Vermont Medical Center	Hospital Charge	\$91	\$88	\$119	\$228	\$90	\$90	\$329	\$305	\$73	\$167	\$84	\$184	\$184
Springfield Hospital	Hospital Charge	\$98	\$122	\$91	\$84	\$73	\$70	\$39	\$232	\$52	\$47	\$64	n/a	\$60
Hospital System Averages	Hospital Charge	\$103	\$136	\$100	\$344	\$84	\$74	\$211	\$214	\$68	\$110	\$60	\$191	\$218

All Vermont Community Hospitals

		Blood Test ⁵												
CPT Code		84436	84439	84443	84450	84460	84478	84479	84480	84481	84520 ⁶	84550	84703 ⁷	85025
Hospital	Description	Thyroxine (thyroid chemical) level, total	Thyroxine (thyroid chemical) level, free	Thyroid stimulating hormone (TSH) level	Aspartate aminotransferase (AST or SGOT) test	Alanine 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													
Central Vermont Medical Center	Hospital Charge	\$86	\$174	\$213	\$64	\$74	\$273	\$59	\$175	\$267	\$41	\$69	\$175	\$65
Copley Hospital	Hospital Charge	\$56	\$104	\$115	\$41	\$38	\$48	\$34	\$66	\$97	\$29	\$37	\$36	\$55
University of Vermont Medical Center	Hospital Charge	\$79	\$83	\$125	\$30	\$30	\$33	\$102	\$83	\$120	\$31	\$32	n/a	\$51
§ Gifford Medical Center	Hospital Charge													
Grace Cottage Family Health & Hospital	Hospital Charge	\$94	\$121	\$212	\$50	\$61	\$57	\$99	\$179	\$225	\$45	\$57	\$123	\$123
Mt. Ascutney Hospital	Hospital Charge	\$113	\$184	\$288	\$107	\$95	\$107	\$137	\$309	\$291	\$72	\$93	\$142	\$145
North Country Hospital	Hospital Charge	\$174	\$258	\$282	\$198	\$198	\$107	\$28	\$591	\$184	\$137	\$261	n/a	\$140
Northeastern Vermont Regional Hospital	Hospital Charge	\$146	\$185	\$335	\$113	\$103	\$125	\$139	\$286	\$337	\$77	\$99	\$163	\$168
Northwestern Medical Center	Hospital Charge	\$104	\$203	\$97	\$33	\$22	\$9	\$33	\$50	\$62	\$33	\$50	\$44	\$79
Porter Hospital	Hospital Charge	\$90	\$114	\$190	\$69	\$45	\$39	\$50	\$104	\$153	\$45	\$70	n/a	\$97
Rutland Regional Medical Center	Hospital Charge	n/a	\$60	\$103	\$119	\$108	\$133	n/a	\$300	\$391	\$54	\$54	n/a	\$45
Southwestern Vermont Medical Center	Hospital Charge	\$108	\$166	\$245	\$73	\$77	\$87	\$67	\$113	\$125	\$73	\$73	\$176	\$128
Springfield Hospital	Hospital Charge	\$120	\$155	\$116	\$85	\$69	\$42	\$149	\$185	\$56	\$60	\$65	\$119	\$110
Hospital System Averages	Hospital Charge	\$106	\$151	\$193	\$82	\$77	\$88	\$82	\$203	\$192	\$58	\$80	\$122	\$101

All Vermont Community Hospitals

		Blood Test ⁵												
CPT Code		85027	85610 ^{2,6}	85651	86003	86038	86140	86141	86430 ^{13,14}	86304	86480	86618	86695	86696
Hospital	Description	CBC, automated	Clotting time	Red blood cell sedimentation rate	Antibody to allergic substance (IgE)	Test to screen for autoimmune disorder	C-reactive protein	C-reactive 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													
Central Vermont Medical Center	Hospital Charge	\$58	\$57	n/a	\$94	\$90	\$80	\$131	\$178	\$264	\$329	\$211	\$173	\$173
Copley Hospital	Hospital Charge	\$52	\$37	n/a	\$110	\$56	\$26	n/a	n/a	\$95	\$276	\$89	\$74	\$104
University of Vermont Medical Center	Hospital Charge	\$48	\$39	n/a	\$47	\$86	\$48	\$93	n/a	\$114	\$200	\$99	\$106	\$117
§ Gifford Medical Center	Hospital Charge													
Grace Cottage Family Health & Hospital	Hospital Charge	\$87	\$68	\$62	\$57	\$135	\$82	\$166	n/a	\$205	\$702	\$167	\$152	\$201
Mt. Ascutney Hospital	Hospital Charge	\$118	\$87	\$72	\$99	\$236	\$72	\$218	n/a	\$422	\$949	\$261	\$220	\$322
North Country Hospital	Hospital Charge	\$99	\$63 or \$20	\$140	\$132	\$572	\$246	\$103	n/a	\$383	\$311	\$155	\$100	\$111
Northeastern Vermont Regional Hospital	Hospital Charge	\$139	\$89	n/a	\$26	\$253	\$77	\$97	n/a	\$429	\$235	\$298	\$199	\$399
Northwestern Medical Center	Hospital Charge	\$46	\$108	n/a	\$167	\$178	\$33	\$152	\$40	\$20	\$278	\$116	\$164	\$144
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	\$72	n/a	\$107	\$70	\$80	\$299	n/a	\$205	\$620	\$205	\$93	\$135
Southwestern Vermont Medical Center	Hospital Charge	\$73	\$43	n/a	\$101	\$121	\$84	\$202	\$100	\$174	n/a	\$71	\$182	\$182
Springfield Hospital	Hospital Charge	\$105	\$69	n/a	\$82	\$42	\$52	\$29	n/a	\$93	\$231	\$33	\$37	\$69
Hospital System Averages	Hospital Charge	\$78	\$66	\$91	\$91	\$162	\$79	\$146	\$106	\$212	\$397	\$152	\$133	\$171

All Vermont Community Hospitals

Hospital	CPT Code	Blood Test ⁵								Fecal Test		
		86703 ¹⁵	86706	86787	86800	86803	86850	86900	86901 ⁶	82270 ^{9,11}	87045 ¹⁶	87177
	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											
Central Vermont Medical Center	Hospital Charge	\$196	\$167	\$170	\$253	\$214	\$246	\$177	\$94	\$48	\$158	\$266
Copley Hospital	Hospital Charge	\$90	\$73	\$126	\$89	\$100	\$290	\$184	\$94	\$21	n/a	\$65
University of Vermont Medical Center	Hospital Charge	\$94	\$101	\$91	\$93	\$102	\$83	\$44	\$43	\$62	n/a	\$125
§ Gifford Medical Center	Hospital Charge											
Grace Cottage Family Health & Hospital	Hospital Charge	\$155	\$171	\$183	\$146	\$223	\$157	\$79	\$79	\$44	n/a	\$204
Mt. Ascutney Hospital	Hospital Charge	\$223	\$218	\$269	\$243	\$224	\$222	\$64	\$64	\$47	\$157	\$185
North Country Hospital	Hospital Charge	n/a	\$248	\$144	\$101	\$175	\$134	\$109	\$92	\$142 or \$28	\$0	\$118
Northeastern Vermont Regional Hospital	Hospital Charge	\$221	\$39	\$143	\$253	\$40	\$96	\$173	\$69	\$73	\$23	\$189
Northwestern Medical Center	Hospital Charge	\$25	\$71	\$169	\$44	\$83	\$142	\$74	\$132	\$12	\$185	\$80
Porter Hospital	Hospital Charge	\$117	\$124	\$80	\$100	\$118	\$148	\$128	\$59	\$39	n/a	\$149
Rutland Regional Medical Center	Hospital Charge	\$145	\$248	\$235	\$279	\$307	\$224	\$232	\$127	\$88	\$142	\$136
Southwestern Vermont Medical Center	Hospital Charge	\$184	\$184	\$111	\$140	\$113	\$218	\$128	\$119	\$59	\$119	\$165
Springfield Hospital	Hospital Charge	n/a	\$40	\$98	\$65	\$51	\$162	\$89	\$69	n/a	n/a	\$51
Hospital System Averages	Hospital Charge	\$145	\$140	\$152	\$150	\$146	\$177	\$124	\$87	\$49	\$112	\$144

All Vermont Community Hospitals

		Urine Test					
CPT Code		81000 ^{1,12}	81001 ⁵	81003 ^{1,6}	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						
Central Vermont Medical Center	Hospital Charge	\$0	\$124	\$63	\$66	\$81	\$88
Copley Hospital	Hospital Charge	n/a	\$64	\$11	\$31	n/a	\$31
University of Vermont Medical Center	Hospital Charge	\$19	\$60	\$47	\$44	\$130	\$109
§ Gifford Medical Center	Hospital Charge						
Grace Cottage Family Health & Hospital	Hospital Charge	\$82	\$82	\$43	\$57	\$88	n/a
Mt. Ascutney Hospital	Hospital Charge	n/a	\$65	\$52	\$76	\$96	\$79
North Country Hospital	Hospital Charge	\$154 or \$28	\$154	\$49 or \$26	\$148	n/a	\$232
Northeastern Vermont Regional Hospital	Hospital Charge	\$70	n/a	\$45	\$70	\$125	\$88
Northwestern Medical Center	Hospital Charge	\$12	\$12	\$9	\$35	\$51	\$28
Porter Hospital	Hospital Charge	n/a	\$58	\$30	\$45	\$65	\$75
Rutland Regional Medical Center	Hospital Charge	n/a	\$127	\$119	\$82	\$64	\$39
Southwestern Vermont Medical Center	Hospital Charge	\$46	\$136	\$135	\$116	\$133	n/a
Springfield Hospital	Hospital Charge	\$31	\$58	\$39	\$71	\$91	\$91
Hospital System Averages	Hospital Charge	\$37	\$85	\$54	\$70	\$92	\$86

All Vermont Community Hospitals

		Swab Test										
CPT Code		87070 ⁵	87077 ⁵	87081 ^{5,6}	87186 ^{5,6}	87205 ⁵	87400 ⁵	87430 ¹⁶	87491 ⁵	87591 ⁵	87624 ⁵	87880 ^{1,6,9}
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											
Central Vermont Medical Center	Hospital Charge	\$211	\$179	\$91	\$117	\$103	n/a	n/a	\$113	\$228	\$126	\$66
Copley Hospital	Hospital Charge	\$49	\$64	\$54	\$68	\$68	n/a	\$91	\$106	\$106	\$190	n/a
University of Vermont Medical Center	Hospital Charge	\$110	\$228	\$93	\$271	\$78	\$66	\$79	\$250	\$250	\$165	\$78
§ Gifford Medical Center	Hospital Charge											
Grace Cottage Family Health & Hospital	Hospital Charge	\$144	\$104	\$86	\$155	\$59	n/a	n/a	\$178	\$201	\$103	\$122
Mt. Ascutney Hospital	Hospital Charge	\$182	\$332	\$162	\$219	\$88	\$110	\$120	\$429	\$429	\$334	\$87
North Country Hospital	Hospital Charge	\$460	\$41	\$56	\$564	\$90	\$157	n/a	\$107	\$66	\$239	\$70 or \$52
Northeastern Vermont Regional Hospital	Hospital Charge	\$185	\$89	\$93	\$185	\$100	\$60	n/a	\$535	\$535	\$586	\$117
Northwestern Medical Center	Hospital Charge	\$58	\$79	\$66	\$271	\$58	n/a	n/a	\$96	\$73	\$124	\$56
Porter Hospital	Hospital Charge	\$127	\$91	\$39	\$92	\$77	n/a	\$151	\$170	\$170	\$136	\$149
Rutland Regional Medical Center	Hospital Charge	\$232	\$202	\$111	\$233	\$115	\$229	\$81	\$226	\$226	\$326	\$150
Southwestern Vermont Medical Center	Hospital Charge	\$203	n/a	\$75	\$153	\$105	\$226	n/a	\$167	\$167	n/a	\$128
Springfield Hospital	Hospital Charge	\$106	\$101	\$71	\$164	\$54	\$35	n/a	\$93	\$85	\$150	\$208
Hospital System Averages	Hospital Charge	\$172	\$137	\$83	\$208	\$83	\$126	\$104	\$206	\$211	\$225	\$116