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Data Supplement 2. Charges and Payments for Non-ACSC Adult Visits by Clinical Setting: Medical Expenditure Panel Survey, 2005-2010										
	Outpatient Clinic Visit (n=57,639)		Emergency Department Visit (n=18,768)		Hospital Admission (n=10,723)		Outpatient vs. ED Visit		ED vs. Hospital Admission	
	Adjusted Means	95% CI	Adjusted Means	95% CI	Adjusted Means	95% CI	Mean Difference	95% CI	Mean Difference	95% CI
Charges										
Total charges	\$1,797	(1,701-1,892)	\$2,382	(2,269-2,496)	\$12,161	(12,015-12,306)	\$586	(490-681)	\$9,778	(9,659-9,897)
Physician charges	\$227	(211-243)	\$300	(282-318)	\$1,370	(1,344-1,397)	\$74	(59-88)	\$1,070	(1,047-1,094)
Facility charges	\$1,414	(1,336-1,492)	\$1,962	(1,870-2,054)	\$9,483	(9,366-9,600)	\$548	(471-625)	\$7,521	(7,425-7,617)
Payments										
Total payments	\$604	(569-639)	\$801	(761-841)	\$4,416	(4,360-4,472)	\$197	(165-228)	\$3,615	(3,568-3,662)
Physician payments	\$81	(76-87)	\$112	(106-119)	\$518	(508-528)	\$31	(25-36)	\$406	(397-414)
Facility payments	\$488	(458-517)	\$672	(639-706)	\$3,596	(3,548-3,644)	\$184	(158-211)	\$2,924	(2,884-2,964)
All means are adjusted for age, sex, race/ethnicity, insurance coverage, income, region, MSA, Charlson-Deyo score, and survey year.										

All values adjusted to 2010 U.S. dollars

ACSC = ambulatory care sensitive conditions; MSA = metropolitan statistical area