



Digestive Care Physicians, LLC
www.digestivecarephysicians.com

Self-Pay Rates

We would like to take the opportunity to thank you for choosing us to be your healthcare provider. Below you will find our Self-Pay rates and policies.

| In-Office Visits | |
|---|-------------|
| New Consult | \$ 200.00 |
| Follow-up | \$ 75.00 |
| In-Office Procedures | |
| (Includes Anesthesia, Physician Fee, Facility Fee) | |
| * 2 Pathology specimens included in price, any add'l at \$75 each to be billed/refunded after procedure | |
| Colonoscopy | \$ 1375.00* |
| EGD | \$ 1100.00 |
| Double (EGD & Colonoscopy) | \$ 1975.00* |
| Hospital Procedures | |
| **This rate DOES NOT INCLUDE anesthesia, pathology, laboratory or hospital charges** | |
| ERCP | \$ 600.00** |
| | |
| Inpatient New Consult | \$ 200.00 |
| Inpatient Recheck | \$ 75.00 |
| Hospital Discharge | \$ 100.00 |

1. We ask that you provide us with your primary care physician's information. If your PCP is not known to our practice, we will need a written referral as well as all medical records from that PCP *prior* to scheduling the appointment.
2. We must receive payment for your 1st visit **in full** at the time of service. No payment plans are permitted for the 1st visit. This payment must be made in cash, debit, money order or credit card. **No personal checks.**
3. Patients must pay a minimum of half the cost of any scheduled procedure *prior* to the scheduled procedure and/or have worked out a payment arrangement with the Billing Department.