

## Digestive Care Physicians, LLC

## **Self-Pay Rates 2019**

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 per area included in price, any more/less to be billed/refunded after	
procedure	
Colonoscopy	\$ 1500.00 *
EGD	\$ 1300.00 *
Double (EGD & Colonoscopy)	\$ 2000.00 *
EGD with Dilation	\$ 1450.00 *
Flex Sigmoidoscopy	\$ 900.00 *
Hemorrhoid Banding	\$ 500.00
Hospital Procedures	
**This rate DOES NOT INCLUDE anesthesia, pathology, laboratory or hospital charges**	
ERCP	\$ 550.00 **
EGD Ablation	\$ 350.00 **
EGD Stent Placement	\$ 350.00 **
EGD with FB Removal	\$ 375.00 **
EGD with Bravo	\$ 345.00 **
Colonoscopy with Ablation	\$ 425.00 **
Colonoscopy with FB Removal	\$ 400.00 **
Endo Cholangiopancreatography	\$ 550.00 **
Inpatient New Consult	\$ 200.00
Inpatient Follow-up	\$ 75.00
Hospital Discharge	\$ 100.00

- 1. We must receive payment for your 1<sup>st</sup> visit **in full** at the time of service. No payment plans are permitted for the 1<sup>st</sup> visit. This payment must be made in cash, money order or debit/credit card. **No personal checks.**
- Patients must pay a minimum 60% of the cost of any scheduled procedure *PRIOR* to the scheduled procedure and must have signed a *Payment Agreement* with the Billing Manager in place.