



TRANSPARENCY IN HEALTH CARE PRICES

If you have health insurance coverage, we encourage you to consult with your health insurance carrier to determine accurate information about your financial responsibility for a particular health care service provided by a health care provider.

If you do not have health insurance coverage, we encouraged you to contact our Billing Department at (970) 242-6600, option 6, then option 1 to discuss payment options prior to receiving a health care service from a health care provider in this office/facility since posted health care prices may not reflect the actual amount of your financial responsibility.

Actual services provided during a procedure may vary from the scheduled procedure and price quote, based on individual circumstances for each patient case.

The following is a list of the most commonly provided services:

| CPT | Description | Avg. Price* |
|------------|--|--------------------|
| 43235 | EGD | \$1,620 |
| 43239 | EGD with Biopsy | \$2,310 |
| 43248 | EGD with Insertion Guide Wire for Dilation | \$2,068 |
| 45378 | Colonoscopy | \$1,923 |
| 45380 | Colon w/Bx | \$2,206 |
| 45385 | Colon w/Polyp Removal, Snare | \$2,240 |

*Avg. Price includes: Facility, Anesthesia and Professional Fee. Prices do not include pathology.

| CPT | Description | Avg. Price |
|------------|--------------------------------------|-------------------|
| 91110 | Capsule Endoscopy | \$1,992 |
| 99203 | New Patient Office Visit, Level 3 | \$289 |
| 99204 | New Patient Office Visit, Level 4 | \$428 |
| 99213 | Established Pt Office Visit, Level 3 | \$233 |
| 99214 | Established Pt Office Visit, Level 4 | \$329 |