

Procedures Estimated Pricing

REV 2018-12

Charge Description	Estimated Average Cost
ROOM/BOARD - Per Day Charges	
ROOM/BED: Private	\$1,181
ROOM/BED: Semi Private	\$1,006
ROOM/BED: Obstetrics	\$1,815
ROOM/BED: Psychiatric	\$1,624
GI LAB	
BILATERAL ENDOSCOPIC TUBAL	\$13,917
COLONOSCOPY	\$4,202
EGD - ESOPHAGOGASTROSCOPY	\$3,866
COLONOSCOPY & EGD	\$6,933
SIGMOIDOSCOPY FLEXIBLE (W/SED)	\$2,230
SURGERY */**	
APPENDECTOMY	\$29,009
CATARACT SURGERY	\$8,447
GALLBLADDER	\$20,629
KNEE ARTHROSCOPY	\$12,734
KNEE REPLACEMENT	\$50,665
ROTATOR CUFF REPAIR	\$28,824
CARPAL TUNNEL - 1 ARM	\$8,204
TONSILLECTOMY/ADENOIDECTOMY	\$8,971
EAR TUBES	\$7,953
VASECTOMY	\$14,400
LAPAROSCOPIC INGUINAL HERNIA	\$21,377
* Room/Board charge included in the above procedure pricing.	
** Physician Professional Fees are NOT included in the above pricing.	
OB/DELIVERY */**	
DELIVERY C SECTION	\$18,943
DELIVERY MANUAL ASSIST	\$9,380
FETAL NON STRESS TEST	\$262
CIRCUMCISION	\$3,100
TUBAL	\$13,917
* Room/Board charge included in the above procedure pricing.	
** Physician Professional Fees are NOT included in the above pricing.	

Disclaimer: The out-of-pocket cost estimate information is not a guarantee of final patient responsibility. Estimates are based on information provided by you and/or your physician and your insurance company. Timeliness of claims processing may affect your overall out of pocket estimate. Professional fees such as (physician, radiologist, pathology or specialist) may not be included in estimates as some of these services may be billed separately.

All estimates are based on estimate of provided service, and any and all health plan requirements such as: pre-authorization, pre-certification, referrals etc., prior to service. Patients are responsible for knowing if their individual health plan is "in-network" or "out-of-network" and if services are deemed experimental, investigational or medically necessary by individual's health plan.

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Charge Description	Estimated Average Cost
Clinic Physician Fees	
Office/Outpatient Visit Level 2 New	\$167
Office/Outpatient Visit Level 3 New	\$247
Office/Outpatient Visit Level 4 New	\$351
Office/Outpatient Visit Level 5 New	\$446
Office/OP Established Visit Level 2	\$98
Office/OP Established Visit Level 3	\$134
Office/OP Established Visit Level 4	\$211
Office/OP Established Visit Level 5	\$307

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