

Southeast Valley Endoscopy Center: Uninsured Patient Payment Policy

Dear Patient:

There are potentially four separate charges you could incur related to your upcoming procedure. We ask that you read and understand these charges:

1. **Facility Procedure Fee:** Southeast Valley Endoscopy Center will charge a fee for use of the facility in performing the procedure. SE Valley Endoscopy Center will collect at the time of service your facility fee. All patients are charged \$1200. For uninsured patients, a 50% discount will be offered. The \$600 fee is payable at time of check-in to the facility. For questions about our facility fee please call our **Endoscopy Center** at 480-855-2039.
2. **Anesthesia Fee:** Should you require monitored sedation for the physician to perform your procedure, a separate billing for anesthesia services will result. Anesthesia services are provided by anesthesiologists from **Anesthesia Resources**. Arrangements for payment must be made prior to your procedure. Any questions regarding their fees, and your financial responsibility should be directed to **Anesthesia Resources** at 480-820-9141.
3. **Pathology Fee:** If the physician removes a polyp, or takes biopsies during your procedure, the specimen will be sent to **Caris Diagnostic** for pathology review. Caris Diagnostic will not bill a pay patient more than they would charge an insured patient for out of network insurance benefits. Uninsured patients are encouraged to contact **Caris Diagnostics** directly to discuss their fees, or financial liability concerns, at 888-344-1160.
4. **Southeast Valley Gastroenterology Consultants, P.C.**, will charge you separately for the physician's professional services involved with your procedure. Charges will be \$435 for a colonoscopy, and \$435 for an upper endoscopy, EGD, procedure. In the event a patient is scheduled for two procedures on the same day, the patient will be charged the full fee for the first procedure and half the fee for the second procedure. For questions about the physician's professional fee call our **Billing department** at 480-855-2050.

Please note that it is the responsibility of the patient to ensure their understanding of all charges. Our expectation is the facility and professional fees for your procedure must be paid in advance, or at the time of the procedure, otherwise the procedure will be rescheduled.

Print Name

Signature

Date Signed