

STEP 1 - CHOOSE YOUR PAYER

STEP 2 - CHOOSE YOUR SERVICE

Aetna

Outpatient Surgical Services



Enter Coverage (Optional)

Colonoscopy

Outpatient Service Group<sup>®</sup> Charge Detail by Rate Type

Location: Gila Regional Medical Center

Setting Type: Outpatient

Primary Code: 45385

Code Type: CPT

Rate Type	Total OSG Bill	Primary Service Amount	Amount by OSG Ancillary Department -->>							
			O.R.	Laboratory	Pharmacy	Radiology	Supply	Therapy	Pro Fees	Other
Gross Charge (Min)	\$6,475.00	\$3,500.00	\$1,275.00	\$170.00	\$340.00	\$637.50	\$297.50	N/A	\$255.00	N/A
Gross Charge (Avg)	\$7,000.00	\$3,500.00	\$1,500.00	\$200.00	\$400.00	\$750.00	\$350.00	N/A	\$300.00	N/A
Gross Charge (Max)	\$7,525.00	\$3,500.00	\$1,725.00	\$230.00	\$460.00	\$862.50	\$402.50	N/A	\$345.00	N/A
Cash Price	\$5,000.00	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
Aetna (Min)	\$3,325.00	\$1,925.00	\$600.00	\$80.00	\$160.00	\$300.00	\$140.00	N/A	\$120.00	N/A
Aetna (Avg)	\$3,850.00	\$1,925.00	\$825.00	\$110.00	\$220.00	\$412.50	\$192.50	N/A	\$165.00	N/A
Aetna (Max)	\$4,025.00	\$1,925.00	\$900.00	\$120.00	\$240.00	\$450.00	\$210.00	N/A	\$180.00	N/A
De-Identified Min Payer	\$2,100.00	\$1,050.00	\$450.00	\$60.00	\$120.00	\$225.00	\$105.00	N/A	\$90.00	N/A
De-Identified Max Payer	\$6,300.00	\$3,150.00	\$1,350.00	\$180.00	\$360.00	\$675.00	\$315.00	N/A	\$270.00	N/A

Co-pay  
\$15.00

Deductible  
\$1,658.00

Co-insurance  
\$0.00

Payer: Aetna

Your Out-Of-Pocket Cost:

**\$ 1,673.00**



Disclaimer read and accepted

Schedule Service

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