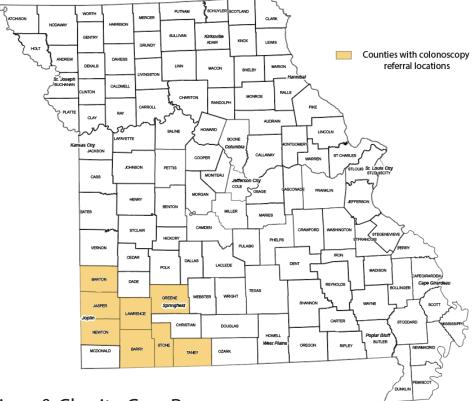


Colonoscopy Cost Estimates for Self-Pay Patients at Area Hospitals



- Referral locations & Charity Care Resources
- Colonoscopy cost estimate and financial aid summary
- Cox Medical Center (Monett, Lamar, Springfield) estimated costs & financial assistance information
- Freeman Health System West estimated costs & financial assistance information
- Freeman Neosho Hospital estimated costs & financial assistance information
- Mercy Hospital Aurora estimated costs & financial assistance information
- Mercy Hospital Carthage estimated costs & financial assistance information
- Mercy Hospital Joplin estimated costs & financial assistance information
- Mercy Hospital Springfield estimated cost & financial assistance information

Colonoscopy referral locations & contact information

Referral location	Town (County)	Contact name	Phone # / email
Cox Medical Center (Monett, Lamar, Springfield)	Monett (Barry & Lawrence) Lamar (Barton)	Pam	(417) 730-6646
	Springfield (Greene)		
Freeman Health System West or Freeman Health System Neosho	Joplin (Jasper & Newton) Neosho (Newton)	Tina (self-pay specialist)	(417) 347-3543
Mercy Hospital Aurora	Aurora (Lawrence)	Debbie	(417) 820-7300
Mercy Hospital Carthage	Carthage (Jasper)	Sheree (billing specialist)	(417) 622-5199
Mercy Hospital Joplin	Joplin (Jasper & Newton)	Vivian	(417) 622-5124

Charitable care resources

The following financial aid resources can be used for colonoscopies, as well as other health care needs.

Foundation name	Population served	Contact name	Phone #/email
Cox Health Foundation	Monett and Springfield Cox patients (undocumented immigrants eligible as well)	Lisa Alexander	Lisa.Alexander@coxhealth.com
United Way of Southwest Missouri	Jasper and Newton counties	Jennifer VanHoose, Care Partner Network Director (phone extension 103)	(417) 624-0153 or dial 211 <u>contact@unitedwaymokan.org</u> Call for available resources on transportation and screening in your area
Carthage Area United Way	Jasper county	Janet Staggs, Administrative Assistant	(417) 358-2948 or dial 211 office@carthageuw.org Call for available resources on transportation and screening in your area
United Way of the Ozarks	Barry and Lawrence county residents	Can speak with any staff person at the UW office*	(417) 863-7700 or dial 211 info@uwozarks.org *Call for available resources on transportation and screening in your area
American Cancer Society Road to Recovery	Various counties throughout Missouri*	Can speak with any staff at the American Cancer Society	(800) 227-2345 *More Missouri counties are gaining ride services to and from appointments. Call for availability in

United Way of the Ozarks	Barry and Lawrence county residents	Can speak with any staff person at the UW office*	(417) 863-7700 or dial 211 info@uwozarks.org *Call for available resources on transportation and screening in your area
American Cancer Society Road to Recovery	Various counties throughout Missouri*	Can speak with any staff at the American Cancer Society	(800) 227-2345 *More Missouri counties are gaining ride services to and from appointments. Call for availability in your area. You will need to provide your zip code.

NOTE: Financial assistance eligibility is generally determined by the patient's income relative to the Federal Poverty Guidelines (FPG). <u>2022 Poverty Guidelines, ASPE (hhs.gov)</u> (https://aspe.hhs.gov/sites/default/files/documents/4b515876c4674466423975826ac57583/Guidelin es-2022.pdf)

Cost and financial aid breakdowns by hospital

Each hospital breaks down costs in slightly different ways using four different fee categories: procedure fees, hospital fees, physician fee and anesthesia costs. To simplify the cost estimates for this resource document, we have rolled the procedure and anesthesia costs into the hospital fee – except for cases where anesthesia is administered by a third-party clinic.

Hospitals vary in how they categorize and price colonoscopies. Some have different fee schedules for screening colonoscopies than they do for diagnostic colonoscopies. Some include different pricing for procedures that include biopsies or polyp removal. Pricing variations are included below when available.

Colonoscopy cost estimate and financial aid summary

Hospital name	Self-pay cost range	Cost range for patients who qualify for financial aid	FA policy summary
Cox Medical Center (Monett, Lamar, Springfield)	\$2,291	101-150% FPG: \$230 151-200% FPG: \$344 201-250% FPG: %459 251-300% FPG: \$573	72% discount is automatically calculated on hospital and physician fees billed through the hospital
Freeman Health System-West or Freeman Neosho	\$4,175-\$5,885	0-100% FPG: Free 101-200% FPG: \$50 201-250% FPG: \$968- \$1,338	40% discount is automatically calculated on hospital, physician, and anesthesia fees for self-pay patients
Mercy Hospital Aurora	\$3, 052- \$5,194	0-200% FPG: Free 201-250% FPG: \$610- \$1,039 251-300 FPG: \$763- \$1,298	35% discount is automatically calculated on hospital fees for self-pay patients
Mercy Hospital Carthage	\$2,987-\$ 7,134	0-200% FPG: Free 201-250% FPG: \$684- \$1,600 251-300 FPG: \$961- \$2,217	35% discount is automatically calculated on hospital fees for self-pay patients and a 25% discount on physician fees is automatically calculated for self-pay patients
Mercy Hospital Joplin	\$3,261 - \$3,825	0-200% FPG: Free 201-250% FPG: \$706-\$825 251-300% FPG: \$\$948- \$1,106	35% discount is automatically calculated on hospital fees for self-pay patients and a 25% discount on physician fees is automatically calculated for self-pay patients

<u>Cox Medical Center (Monett, Lamar, Springfield) estimated costs & financial assistance</u> information

For self-pay patients, Cox Hospital system does not distinguish between a diagnostic and screening colonoscopy (for pricing). Selfpay patients receive a 72% discount on billed fees through the hospital. Anesthesia is billed separately. Cox routinely uses Ozark Anesthesia for colonoscopies. Pricing estimates for Ozark Anesthesia is included below.

Estimated costs for diagnostic or screening colonoscopy:

Cost estimate:

Hospital & physician = \$1,556* Ozark Anesthesia = \$735

Total: \$2,291

*Reflects 72% discount

Ozark Anesthesia, (417) 269-4550, can ask for Carol

Financial assistance

Helpful Documents:

Request an appointment with a financial counselor: <u>https://www.coxhealth.com/patients-and-visitors/financial-assistance/appointment-request/</u>

Financial Assistance Policy:

Household income (as % FPG)	101-150% FPG	151-200% FPG	201-250% FPG	251-300% FPG
Patient responsibility	90% discount	85% discount	80% discount	75% discount
Cost to patient	\$230	\$344	\$459	\$573

Freeman Health System (West or Neosho locations) estimated costs & financial assistance information

Freeman hospital did not give separate quotes for screening and diagnostic colonoscopies but quoted screening colonoscopies on the low end of cost estimates and diagnostic colonoscopies on the high end of cost estimates. Self-pay patients get a 40% discount on hospital, physician, & anesthesia fees. It is important for self-pay patients to call the financial assistance number and talk to <u>Tina</u>. She will help determine eligibility in other financial resources and possible discounts and discuss payment plan options (at 0% interest), if needed.

Estimated costs for colonoscopy - self-pay patients:

Low end cost estimate*:	High end cost estimate*:
Hospital fee = \$ 1,920	Hospital fee = \$ 3,600
Physician's fee = \$ 806	Physician's fee = \$ 806
Anesthesia fee = \$1,449	Anesthesia fee = \$ 1,449
Total: \$ 4,175	Total: \$ 5,855

*Reflects 40% discount for all fees

Financial assistance

Helpful Documents:

Freeman Financial Assistance Program: Following denial of any available government program, applicants may qualify for the Freeman Financial Assistance Program. Approval is based on gross income compared to federal poverty guidelines. To see if you qualify, ask your financial counselor, account representative, or cashier for an application.

- Download a English application
- Download a Spanish application

To download Freeman Health System Financial Assistance Policy: https://www.freemanhealth.com/billing-and-insuran

*Payment plans available at 0% interest for patients opting for automatic withdrawal

Financial assistance (Estimates based on 2021 Financial Poverty Guidelines) for colonoscopies

Household income (as % FPG)	0-100% FPG	101-200% FPG	201-250% FPG
Patient responsibility	Co-pay = None Out of pocket = none	100% after copay met: Copay = \$50 per visit (outpatient)	78% after copay met: Copay = \$50 + 22% per visit (outpatient)
Cost to patient	\$0	\$50	\$ 968-\$ 1,338 Including \$50 copay

Mercy Hospital Aurora estimated costs & financial assistance information

Total: \$3,052

Mercy Hospital defines a colonoscopy without a biopsy as a screening colonoscopy and a colonoscopy with biopsy as a diagnostic colonoscopy. If health care provider orders a follow—up colonoscopy based on abnormal home-based CRC screening test, this is considered diagnostic. Hospital, physician, and anesthesia fees are all included in billed fees. Self-pay patients receive a 35% discount on billed fees.

Estimated costs for screening colonoscopy:

Cost estimate:

Hospital, physician & anesthesia fees = \$3,052*

*Includes 35% discount

Estimated costs for diagnostic colonoscopy (with biopsy):

Cost estimate:	
Hospital, physician & anesthesia = \$5,194*	
	Total: \$5,194

*Includes 35% discount

Financial assistance (Estimates based on 2022 Financial Poverty Guidelines) for either screening or diagnostic colonoscopy

- Monthly payment plans available based upon balance owed.
- <u>Mercy Financial Assistance Breakdown By Income</u>: (<u>https://www.mercy.net/content/dam/mercy/en/pdf/hospital-and-health-services-financial-assistance-program.pdf</u>)

Household income (as % FPG)	0-200% FPG	201-250% FPG	251-300% FPG
Patient responsibility	None (full waiver of costs)	80% discount	75% discount
Cost to patient	\$0	\$610 - \$1,039	\$763 - \$1,298

Helpful documents

- <u>Financial Aid Plain Language Summary (English)</u> (<u>https://www.mercy.net/content/dam/mercy/en/pdf/plain-language-summary-mhjc.pdf</u>)
- <u>Financial Aid Plain Language Summary (Spanish)</u> (https://www.mercy.net/content/dam/mercy/en/pdf/plain-language-summarymhjc-spanish.pdf)
- <u>Financial Assistance Applications and Resources (English)</u> (https://www.mercy.net/content/dam/mercy/en/pdf/financial-assistanceapplication-mhjc.pdf)
- <u>Financial Assistance Applications and Resources (Spanish) (https://www.mercy.net/content/dam/mercy/en/pdf/plain-language-summary-mhjc-spanish.pdf</u>)

Mercy Hospital Carthage estimated costs & financial assistance information

Mercy Hospital defines a colonoscopy without a biopsy as a screening colonoscopy and a colonoscopy with biopsy as a diagnostic colonoscopy. If health care provider orders a follow—up colonoscopy based on abnormal home-based CRC screening test, this is considered diagnostic. Self-pay patients receive a 35% discount on hospital fees and a 25% discount on physician fees – these discounts are reflected in the cost estimates below. NOTE: Mercy did not provide cost ranges for services.

Estimated costs for screening colonoscopy:

Cost	estimate:	

Hospital fees = \$ 2,131* Physician fee = \$ 856**

Total: \$2,987

*Reflects 35% discount

**Reflects 25% discount

Estimated costs for diagnostic colonoscopy (with biopsy):

Cost estimate:

Hospital fees = \$ 5,405* Physician fee = \$ 1,729**

Total: \$ 7,134

- *Reflects 35% discount
- **Reflects 25% discount

Financial assistance (Estimates based on 2022 Financial Poverty Guidelines) for either screening or diagnostic colonoscopy

- Monthly payment plans available based upon balance owed.
- <u>Mercy Financial Assistance Breakdown By Income</u>:

 $(\underline{https://www.mercy.net/content/dam/mercy/en/pdf/hospital-and-health-services-financial-assistance-interview}) and a transformation of the transformation of transformation of the transformation of transformation of$

program.pdf)

Household income (as % FPG)	0-200% FPG	201-250% FPG	251-300% FPG
Patient responsibility	None (full waiver of costs)	80% hospital discount 70% physician discount	75% hospital discount 50% physician discount
Cost to patient	\$0	\$ 684 - \$1,600	\$ 961 - \$2,217

Helpful documents

- Financial Aid Plain Language Summary (English) (https://www.mercy.net/content/dam/mercy/en/pdf/plain-language-summary-mhjc.pdf)
- <u>Financial Aid Plain Language Summary (Spanish)</u> (<u>https://www.mercy.net/content/dam/mercy/en/pdf/plain-language-summary-mhjc-spanish.pdf</u>)
- <u>Financial Assistance Applications and Resources (English)</u> (https://www.mercy.net/content/dam/mercy/en/pdf/financial-assistance-applicationmhjc.pdf)
- <u>Financial Assistance Applications and Resources (Spanish) (https://www.mercy.net/content/dam/mercy/en/pdf/plain-language-summary-mhjc-spanish.pdf</u>)

Mercy Hospital Joplin estimated costs & financial assistance information

Mercy Hospital defines a colonoscopy without a biopsy as a screening colonoscopy and a colonoscopy with biopsy as a diagnostic colonoscopy. If health care provider orders a follow—up colonoscopy based on abnormal home-based CRC screening test, this is considered diagnostic. Self-pay patients receive a 35% discount on hospital fees and a 25% discount on physician fees – these discounts are reflected in the cost estimates below. NOTE: Mercy did not provide cost ranges for services.

Estimated costs for screening colonoscopy:

Cost estimate:	
Hospital fees = \$ 2,732*	
Physician fee = \$ 529**	
	Total: \$ 3,261

*Reflects 35% discount

**Reflects 25% discount Estimated costs for diagnostic colonoscopy (with biopsy):

 Cost estimate:

 Hospital fees = \$ 3,230*

 Physician fee = \$ 595**

 Total: \$ 3,825

*Reflects 35% discount **Reflects 25% discount

Financial assistance (Estimates based on 2022 Financial Poverty Guidelines) for either screening or diagnostic colonoscopy

- Monthly payment plans available based upon balance owed.
- Mercy Financial Assistance Breakdown By Income: (https://www.mercy.net/content/dam/mercy/en/pdf/hospital-and-healthservices-financial-assistance-program.pdf)

Household income (as % FPG)	0-200% FPG	201-250% FPG	251-300% FPG
Patient responsibility	None (full waiver	80% hospital	75% hospital
	of costs)	discount	discount
		70% physician	50% physician
		discount	discount
Cost to patient	\$0	\$706-\$825	\$948-\$1,106

Helpful documents

- Financial Aid Plain Language Summary (English) (https://www.mercy.net/content/dam/mercy/en/pdf/plain-language-summary-mhjc.pdf)
- Financial Aid Plain Language Summary (Spanish) (https://www.mercy.net/content/dam/mercy/en/pdf/plain-language-summary-mhjcspanish.pdf)
- <u>Financial Assistance Applications and Resources (English)</u> (https://www.mercy.net/content/dam/mercy/en/pdf/financial-assistance-applicationmhjc.pdf)
- Financial Assistance Applications and Resources (Spanish) (https://www.mercy.net/content/dam/mercy/en/pdf/plain-language-summary-mhjc-spanish.pdf)

Mercy Hospital Springfield estimated costs & financial assistance information

Mercy Hospital defines a colonoscopy without a biopsy as a screening colonoscopy and a colonoscopy with biopsy as a diagnostic colonoscopy. If health care provider orders a follow—up colonoscopy based on abnormal home-based CRC screening test, this is considered diagnostic. Self-pay patients receive a 35% discount on hospital fees and a 25% discount on physician fees – these discounts are reflected in the cost estimates below. NOTE: Mercy did not provide cost ranges for services.

Estimated costs for screening colonoscopy - self-pay patients:

Cost estimate:	
Hospital fee = \$2,488*	
Physician's fee = \$560**	
	Total: \$3,048

*Reflects 35% discount

**Reflects 25% discount

Estimated costs for colonoscopy w/ biopsy or polyp removal - self-pay patients:

· ·		
Coct	estimate:	
CUSL	estimate.	

Hospital fee = \$3,816* Physician's fee = \$589**

Total: \$ 4,405

*Reflects 35% discount

**Reflects 25% discount

Financial assistance (Estimates based on 2022 Financial Poverty Guidelines) for either screening or diagnostic colonoscopy

- Monthly payment plans available based upon balance owed.
- Mercy Financial Assistance Breakdown By Income:

(https://www.mercy.net/content/dam/mercy/en/pdf/hospital-and-health-services-financialassistance-program.pdf)

Household income (as % FPG)	0-200% FPG	201-250% FPG	251-300% FPG
Patient responsibility	None (full waiver	80% hospital	75% hospital
	of costs)	discount	discount
		70% physician	50% physician
		discount	discount
Cost to patient	\$0	\$330-\$941	\$986-\$1,249

Helpful Documents:

- Financial Aid Plain Language Summary (English) (https://www.mercy.net/content/dam/mercy/en/pdf/plain-language-summary-mhjc.pdf)
- <u>Financial Aid Plain Language Summary (Spanish)</u> (<u>https://www.mercy.net/content/dam/mercy/en/pdf/plain-language-summary-mhjc-spanish.pdf</u>)
- <u>Financial Assistance Applications and Resources (English)</u> (<u>https://www.mercy.net/content/dam/mercy/en/pdf/financial-assistance-application-mhjc.pdf</u>)
- <u>Financial Assistance Applications and Resources (Spanish)</u>
 <u>(https://www.mercy.net/content/dam/mercy/en/pdf/plain-language-summary-mhjc-spanish.pdf)</u>