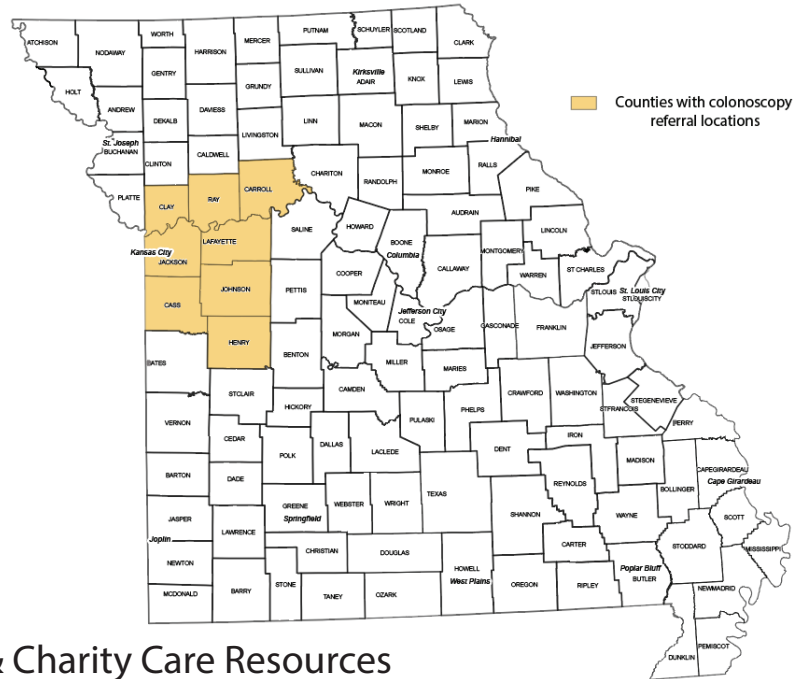




Colonoscopy Cost Estimates for Self-Pay Patients at Area Hospitals



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Colonoscopy referral locations & contact information

Referral location	Town (County)	Contact name	Phone # / email
Belton Regional Hospital	Belton (Cass)	Michelle	(913) 428-2900
Carroll County Memorial Hospital	Carrollton (Carroll)	Christi	(660) 542-1695, ext. 3013
Cass Regional Medical Center	Harrisonville (Cass)	Janie Elliott, Business Office Manager	(816) 887- 0315
Excelsior Springs	Excelsior Springs (Clay & Ray)	Jenny-Manager	(816) 629-2737 or Patient Financial Services Coordinator at 816-629-3597
Lafayette Regional Health Center	Lexington (Lafayette)	LeeAnn, will probably be sent directly to a voicemail recording. Leave a message that you want to make an appointment to discuss pricing.	(888) 824-7655
Lee's Summit Hospital	Lee's Summit (Jackson & Cass)	Sharon	(816) 282-5558
Ray County Memorial Hospital	Richmond (Ray)	Sandy	(816) 470- 5432 ext. 127
Truman Medical Center	Kansas City (Jackson)	Alma (through MD Save)	(877) 461-2491
Western Missouri Medical Center	Warrensburg (Johnson)	Rachel	(660) 747-2500, ext. 7396
Golden Valley Hospital	Clinton (Henry)	Steven Johnson	sjohnson@gvmh.org

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.

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
Kansas Medical Society Foundation	Jackson county residents may be eligible for <u>*Metro Care & have four basic eligibility standards:</u> -Must be resident for at least three months -Family income of less than 200 % FPG -Have no health insurance -Not eligible for any government programs such as Medicare, Medicaid, VA or worker's compensation -In city of Kansas City, Mo., and Jackson County, not eligible for assistance through Truman Medical Centers	Karole Bradford, CEO	816-872-1601/ kbradford@kcmedicine.org ; or go to https://kcmedicine.org/about-the-foundation/ *Please visit website or call the Kansas City Medical Society to determine eligibility for colonoscopy assistance.
Lafayette Cancer Coalition	Lafayette county residents	Janet Erdman	(660) 674-2453 or go to www.lafcocancer.org/index.html to fill out assistance forms, must have signed verification from physician of need for additional screening. Financial assistance limited to fund raising success.
Masonic Cancer Alliance	Jackson county residents may be eligible for the "Truman" or sliding scale discount. *A doctor's referral is required for all GI services.	Trish Long	plong@kumc.edu *University Health Community Care Linwood in Kansas City is one option for doctor referral, contact number is: 816-404-6700 or go to https://www.universityhealthkc.org/services/primary-care/
United Way of Greater Kansas City	Kansas City area	Can speak with any staff person at the UW office*	(816) 474-5112, or go to www.unitedwaygkc.org *Call for available resources on transportation and screening in your area

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

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
Belton Regional Hospital	\$2,724 ^a - \$6,073	0-200% FPG: No fee	^a Reflects 30% discount automatically calculated on anesthesia fees paid at time of service
Carroll County Memorial Hospital	\$900 ⁱ - \$3,750 ^h	0% - 200% FPG: No fee; 201 – 400% FPG: 60-90% of charges	^h Reflects 25% discount automatically calculated on hospital fees for self-pay patients and ⁱ 40% additional discount applied if bill paid in full at time of service
Cass Regional Medical Center	\$1,500 ^d - \$5,000	Additional FA options available	^d Reflects 50% discount automatically calculated on fees for self-pay patients if paid within 30 days of service
Excelsior Springs Hospital	\$1,969 - \$3,009 ^c	Call Patient Financial Services Coordinator at 816-629-3597 to discuss additional financial resources available to you	^c Reflects 30% discount automatically calculated on fees for self-pay patients. If patient pays at time of service, additional discounts may be applied, but this must be approved through billing.
Lafayette Regional Health Center	\$3,497 - \$4,772 ^g	0-200% FPG: No fee	^g Reflects 40% discount automatically calculated on fees for self-pay patients.
Lee's Summit Hospital	\$3,988 ^b - \$5,736 (plus physician's fee)	0-200% FPG: No fee	Must put 50% down on hospital bill at time of service. ^b Reflects 30% discount automatically calculated on anesthesia fees if entire bill paid at time of service.
Ray County Memorial Hospital	\$3,110 ^{f,g} - \$4,240 ^e	133% FPG: No fee, Additional aid available on a sliding scale	^e Reflects 40% discount automatically calculated on hospital fees for self-pay patients and ^f 15% discount automatically calculated on hospital fees if payment made in full at time of service. Also reflects ^g 25% physician discount automatically applied for self-pay patients.
Truman Medical Center	\$1,908	Additional FA options available through hospital	Hospital uses MDSave prepay (one charge only)
Western Missouri Medical Center	\$3,050 ^h - \$3,190	Patients ≤250% FPG get 100% Hospital fees ≤250% FPG: \$50 Additional aid available on a sliding scale	^h Reflects 40% discount automatically calculated on hospital fees for self-pay patients if paid at time of service
Golden Valley Memorial Hospital	\$1,635 - \$1,962	≤250% FPG (60% off): \$1,474 - \$1,529 ≤100% FPG (80% off): \$737 - \$764	40% discount is automatically calculated on hospital and physician fees for self-pay patients Patients ≤250% FPG get 60% off Patients ≤100% FPG get 80% off

Belton Hospital estimated costs & financial assistance information

Belton Hospital classifies screening colonoscopies, diagnostic colonoscopies, and colonoscopies with biopsies all as separate procedures as determined by the physician. These procedures are priced separately. To receive discount on hospital fees for diagnostic colonoscopies, 50% of the bill must be paid at time of service. Anesthesia is billed separately through Anesthesia of Kansas City. Self-pay patients receive a 30% discount on anesthesia if they pay their entire bill at the time of service.

Estimated costs for screening colonoscopy:

Hospital fees = \$2,164

Anesthesia through Anesthesia of Kansas City = \$800

Low end cost estimate:	High end cost estimate:
Hospital fee = \$2,164 Anesthesia costs = \$560*	Hospital fee = \$2,164 Anesthesia costs = \$800
Total: \$2,724	Total: \$2,964

*Reflects 30% discount

Estimated costs for diagnostic colonoscopy w/ biopsy:

Hospital fees = \$1,545-\$4,642

Anesthesia through Anesthesia of Kansas City = \$800

Low end cost estimate:	High end cost estimate:
Hospital fee = \$ 1,545** Anesthesia costs = \$560*	Hospital fee = \$ 4,642 Anesthesia costs = \$800
Total: \$2,105	Total: \$5,442

*Reflects 30% discount

**Must put 50% down at time of service

Estimate costs for diagnostic colonoscopy w/ polyp removal:

Hospital fees = \$2,637-\$5,273

Anesthesia through Anesthesia of Kansas City = \$800

Low end cost estimate:	High end cost estimate:
Hospital fee = \$2,637** Anesthesia costs = \$560*	Hospital fee = \$5,273 Anesthesia costs = \$800
Total: \$3,196	Total: \$6,073

*Reflects 30% discount

**Must put 50% down at time of service

Belton Hospital Helpful documents

- Financial resources: <https://hcamidwest.com/patient-financial/>
- Financial/charity policy: <https://hcamidwest.com/patient-financial/charity-policy>
- **Charity Discount Policy:**
- Financial relief may be available to patients who have received non-elective care and do not qualify for state or federal assistance and are unable to establish partial payments or pay their balance. In most cases, this will apply to patients who fall between 0 - 200% of the Federal Poverty Level. Federal Poverty Levels based on total household income, with sufficient supporting documentation provided by the patient, will have a 100% Charity discount processed.
- For patients with balances greater than \$1,500, and whose documented income is in-between 201 and 400 percent of the Federal Poverty Level, Belton Hospital has an expanded financial assistance policy that may reduce the amount you owe. To determine if non-elective services you received could be eligible for either full charity or partial charity, please contact Belton Hospital to see if you are eligible to receive assistance.

Belton Hospital Financial Assistance Scale

Household income (as % FPG)	0% - 200%	201 – 400%
Patient responsibility	None (full waiver of costs)	Contact hospital for eligibility
Estimated cost to patient	\$0	To be determined

Carroll County Memorial Hospital estimated costs & financial assistance information

Carroll County Memorial Hospital does not differentiate between screening and diagnostic colonoscopies. Self-pay patients receive a 25% discount on their hospital bill. An additional 40% discount will be applied if the bill is paid at time of service.

Estimated costs for colonoscopy:

Hospital physician & anesthesia fees = \$3,000 - \$5,000

Low end cost estimate:	High end cost estimate:
Hospital fees = \$900	Hospital fees = \$ 5,000
Total: \$900*	Total: \$3,750**

**Includes 25% self-pay discount and 40% discount for paying entire bill at time of service

*Includes 25% self-pay discount

Carroll County Memorial Hospital Helpful Documents

- Carroll County Hospital Patient Price Estimator:

<https://carrollcountyhospital.patientsimple.com/guest/#/index>

- **Financial assistance policy:**

<https://www.carrollcountyhospital.org/patients/financial-assistance-policy>

Carroll County Memorial Hospital Financial Assistance Scale

Household income (as % FPG)	100% - 200%	201 – 400%
Patient responsibility	Up to full waiver of costs)	60-90% of charges
Estimated cost to patient	\$0	\$90- \$1,500

Cass Regional Medical Center

Cass Regional Medical Center does differentiate between screening and diagnostic colonoscopies but would not give separate quotes for the two procedures. Colonoscopies at this facility run from \$3,000-\$5,000 on average. A 50% discount will be applied for self-pay patients if paid within 30 days of service. Self-pay patients will need to put some money down on the date of service (suggested \$500) as well.

Estimated cost-range for colonoscopy = \$3,000 - \$5,000

Low end cost estimate:	High end cost estimate:
Hospital, physician & anesthesia fees = \$1,500*	Hospital physician & anesthesia fees = \$5,000
Total: \$1,500*	Total: \$5,000

*Includes 50% discount if paid within 30 days of service

Cass Regional Medical Center Helpful documents

- **Financial Assistance Eligibility:**

The financial assistance discount is based on a prorated fee schedule with patients at 100% of federal poverty guidelines owing minimal amounts.

The financial assistance application is completed and forwarded to [the Business Office manager](#) for the review process and appropriate approval.

The hospital will consider the value of patient assets prior to approving financial assistance.

- Financial Assistance Policy:
<https://www.cassregional.org/patients-visitors/billing-and-financial-information/>

Excelsior Springs Hospital estimated costs & financial assistance information

Excelsior Springs Hospital does differentiate between screening and diagnostic colonoscopies. Self-pay patients receive a 30% discount on their hospital bill. If the bill is paid at time of service, an additional discount may be applied, but the patient must talk to billing for approval of discount before service date. Physician fees are billed separately. Excelsior Springs commonly partners with Dr. Merrit and Dr. Cornette for colonoscopy services. Dr. Cornette's office quoted between \$57 - \$518 for a colonoscopy, depending on the procedures needed during the colonoscopy.

Estimated costs for screening colonoscopy:

Hospital fees = \$1,988

Physician fee = \$57 - \$518

Low end cost estimate:	High end cost estimate:
Hospital and anesthesia fee = \$1,480*	Hospital physician & anesthesia fees = \$1,480*
Physician fee = \$57	Physician fee = \$ 518
Total: \$ 1,969	Total: \$1,998

*Includes 30% self-pay discount

Estimated costs for diagnostic colonoscopy w/ biopsy:

Hospital fees = \$2,956

Physician fee = \$57 - \$518

Cost estimate:	High end cost estimate:
Hospital and anesthesia fee = \$2,157*	Hospital physician & anesthesia fees = \$2,157*
Physician fee = \$ 57	Physician fee = \$ 518
Total: \$ 2,214	Total: \$2,675

*Includes 30% self-pay discount

Estimate costs for diagnostic colonoscopy w/ polyp removal:

Hospital fees = \$3,433

Physician fee = \$57 - \$518

Cost estimate:	High end cost estimate:
Hospital and anesthesia fee = \$ 2,491*	Hospital physician & anesthesia fees = \$2,491*
Physician fee = \$57	Physician fee = \$ 518
Total: \$2,548	Total: \$3,009

Excelsior Springs Hospital Helpful documents

- Patient estimator form: <https://rcm.trubridge.com/remitreppcePortal/EstimateGeneration?Guid=3beba20c4641484caf3c50bd75b24386>
- Chargemaster price list: <https://www.eshospital.org/wp-content/uploads/2022/03/CDM-Price-List-01.01.2022.csv>
- Carepayment financing option: <https://learn.carepayment.com/excelsior>

Lafayette Regional Health Center estimated costs & financial assistance information

Lafayette Regional Health Center does not differentiate between diagnostic and screening colonoscopies, but additional charges are applied with biopsy or polyp removal. Lafayette Hospital often partners with Dr. Mrosak, who often gives a 25% discount to self-pay patients. -If you call the [pricing department](#) to discuss fees or discounts, you will probably be sent to an automatic voicemail recording. You will need to leave a message saying you want to make an appointment to talk to a billing specialist.

Estimated costs for colonoscopy:

Hospital and anesthesia fees = \$4,029
 Physician fee (Dr. Mrosak) = \$1,080-\$1,440

Low end cost estimate:	High end cost estimate:
Hospital and anesthesia fees = \$2,417* Physician's fee = \$1,080**	Hospital and anesthesia fees = \$2,417* Physician's fee = \$1,440
Total: \$3,497	Total: \$3,857

*Includes 40% hospital discount for self-pay

**Includes 25% physician discount for self-pay

Estimated costs for colonoscopy w/ biopsy or polyp removal:

Hospital fees = \$5,552
 Physician fee (Dr. Mrosak) = \$1,080-\$1,440

Low end cost estimate:	High end cost estimate:
Hospital and anesthesia fees = \$3,332* Physician's fee = \$1,080**	Hospital and anesthesia fees = \$3,332* Physician's fee = \$1,440
Total: \$4,412	Total: \$4,772

*Includes 40% hospital discount for self-pay

**Includes 25% physician discount for self-pay

Lafayette Regional Health Center Helpful documents

- Financial resources: <https://hcamidwest.com/patient-financial/>
- Financial/charity policy:** <https://hcamidwest.com/patient-financial/charity-policy>
- Charity Discount Policy
- Financial relief may be available to patients who have received non-elective care and do not qualify for state or federal assistance and are unable to establish partial payments or pay their balance. In most cases, this will apply to patients who fall between 0 - 200% of the Federal Poverty Level. Federal Poverty Levels based on total household income, with sufficient supporting documentation provided by the patient, will have a 100% Charity discount processed.
- For patients with balances greater than \$1,500, and whose documented income is between 201 and 400 percent of the Federal Poverty Level, Lafayette Hospital reports an expanded financial assistance policy that may reduce the amount you owe. To determine if non-elective services you received could be eligible for either full charity or partial charity, please contact your hospital for details on how you may see if you are eligible to receive assistance.

Lafayette Regional Health Center Financial Assistance Scale

Household income (as % FPG)	0% - 200%	201 – 400%
Patient responsibility	None (full waiver of costs)	Contact hospital for eligibility
Cost to patient	\$0	To be determined

Lee's Summit Medical Center estimated costs & financial assistance information

Lee's Summit Medical Center does not differentiate between a screening and diagnostic colonoscopy for facility charges. Self-pay patients must put 50% of the hospital fee down at the time of service and will then be billed for the remaining half. Lee's Summit partners with Anesthesia Associates of Kansas City (billed separately) for anesthesia. Self-pay patients receive a 30% discount on anesthesia if they pay their entire bill at the time of service. Lee's Summit generally partners with physicians from Midwest GI Health or Kansas City Gastroenterology & Hepatology Physicians Group (billed separately). Lee's Summit frequently partners with Dr. Gregory Merritt for colonoscopy services.

Estimated costs for colonoscopy:

Hospital fees = \$3,428

Anesthesia through Anesthesia of Kansas City = \$800

Low end cost estimate:	High end cost estimate:
Hospital fee = \$3,428**	Hospital fee = \$3,428**
Anesthesia costs = \$560*	Anesthesia costs = \$ 800
Total: \$3,988 Plus physician fee	Total: \$4,228 Plus physician fee

*Reflects 30% discount

**Must put 50% down at time of service

Estimate costs for diagnostic colonoscopy w/ polyp removal:

Hospital fees = \$4,936

Anesthesia through Anesthesia of Kansas City = \$800

Low end cost estimate:	High end cost estimate:
Hospital fee = \$4,936**	Hospital fee = \$4,936**
Anesthesia costs = \$560*	Anesthesia costs = \$ 800
Total: \$5,496 Plus physician fee	Total: \$5,736 Plus physician fee

*Reflects 30% discount

**Must put 50% down at time of service

Lee's Summit Medical Center Helpful documents

- Anesthesia Associates of KC, (913) 428-2920
- Dr. Merritt (KC Gastroenterology & Hepatology Physicians Group), (816) 361-0055
- Financial resources: <https://hcamidwest.com/patient-financial/>
- Financial/charity policy: <https://hcamidwest.com/patient-financial/charity-policy>

- **Charity Discount Policy:**

Financial relief may be available to patients who have received non-elective care and do not qualify for state or federal assistance and are unable to establish partial payments or pay their balance. In most cases, this will apply to patients who fall between 0 - 200% of the Federal Poverty Level. Federal Poverty Levels based on total household income, with sufficient supporting documentation provided by the patient, will have a 100% Charity discount processed.

- For patients with balances greater than \$1,500, and whose documented income is in-between 201 and 400 % of the Federal Poverty Level, Lee's Summit Medical Center has an expanded financial assistance policy that may reduce the amount you owe. To determine if non-elective services you received could be eligible for either full charity or partial charity, please contact the hospital for eligibility.

Lee's Summit Medical Center Financial Assistance Scale

Household income (as % FPG)	0% - 200%	201 – 400%
Patient responsibility	None (full waiver of costs)	Contact hospital for eligibility
Cost to patient	\$0	To be determined from the MDSave application

Ray County Memorial Hospital

Ray County Hospital does not differentiate between diagnostic and screening colonoscopies. Self-pay patients get an automatic 40% discount off their bill and an additional 15% is discounted when payment is made in full at the time of service. Ray County partners with Dr. Mrosak, who often gives a 25% discount to self-pay patients, and with Excel Anesthesia (both charge for services separately). All charges (including discounts) are reflected in the estimates below.

Estimated costs for colonoscopy:

Hospital fees = \$3,000

Physician fee (Dr. Mrosak) = \$1,080-\$1,440

Anesthesia costs (Excel Anesthesia) = \$500 - \$1,000

Low end cost estimate	High end cost estimate
Hospital fees = \$1,530**	Hospital fees = \$1,800*
Physician's fee = \$1,080***	Physician's fee = \$1,440
Anesthesia costs = \$500	Anesthesia costs = \$1,000
Total: \$3,110**	Total: \$4,240

*Includes 40% hospital fee discount for self-pay

**Includes additional 15% hospital fee discount for payment made in full at time of service

***Includes 25% physician discount for self-pay

Ray County Memorial Hospital Helpful documents

- Price estimates for medical services or procedures: cashier@raycountyhospital.com
- Price transparency:
<http://www.raycountyhospital.com/pricetransparency.html>
- Estimate of services:
<https://rcm.trubridge.com/remitreppcePortal/default.aspx?Guid=1b4f3fd4000142edb36e47d8cf649009>
- **Financial Assistance Policy:**
http://www.raycountyhospital.com/financial_assistance.html
- The full policies for Financial Assistance and Collections are available upon request. You may pick them up here at RCMH or request a .pdf be sent to you via e-mail. Send an e-mail request to Sandy Mcbee, smcbee@raycountyhospital.com to have the files e-mailed to you.

Ray County Memorial Hospital Financial Assistance Scale

Household income (as % FPG)	≤133% FPG	134% - 150%	151% - 175%	176% – 200%
Patient responsibility	None (full waiver of costs)	75% of charges	50% of charges	25% of charges
Cost to patient	\$0	\$ 745-\$1,022	\$1,491 -\$2,045	\$2,236 -\$3,067

Truman Medical Center estimated costs & financial assistance information

Truman Medical Center uses **MDSave for colonoscopy billing**. MDSave is an online healthcare marketplace.

- Patients save by prepaying their bill online before their doctor's visit.
- Providers join the network so they reach new patients through the site.

Procedure Details

This includes a screening or diagnostic colonoscopy with or without specimens/polyps removal by biopsy or brushing.

Note: This MDSave bundled price includes the cost of your procedure and the fees listed above. These fees are for the services most frequently packaged together with this procedure. Any services provided at the time of treatment that are not listed here will not be covered in your purchase

Your purchase includes the following services:

- Facility fee - operating and recovery room services & supplies for outpatient stay (less than 24 hours) at Truman Medical Center Health Sciences District. Post-op visits at the hospital are not included. You may receive a bill for those post-op visits.
- Physician fee - physician supervision & treatment in hospital. Does NOT include the initial evaluation to determine the need of the procedure.
- Anesthesiologist fee -regional or general anesthesia for the entire duration of the procedure
- Pathology fee - specimen(s) examination and tests for diagnosis.
- MDSave fee- covers cost of bundling services and processing payment

Go to: www.mdsave.com for a list of providers and payment options

Truman/MDSave Colonoscopy cost estimate

Hospital, physician, anesthesia & biopsy. fees =

Total: \$1,908*

*To be paid before procedure

Truman Medical Center Helpful Documents:

- Truman University Health's financial assistance program assists patients that do not have insurance. If you do not have insurance and need financial assistance, please contact [816-404-3040](tel:816-404-3040).
- The Financial counselors can also assist with applying for Medicaid. Please visit: [Financial assistance | University Health \(universityhealthkc.org\)](http://www.universityhealthkc.org/financial-assistance)
- **Financial Assistance Policy:**
<https://res.cloudinary.com/dpmykpsih/image/upload/truman-site-261/media/093ce73e18444984b1aaf8ea69c21166/financial-assistance-policy-fap.pdf>
- Financial Screening form English <https://www.universityhealthkc.org/forms/financial-screening-form/>
- Forma de revisión financiera <https://www.universityhealthkc.org/forms/forma-de-revisi%C3%B3n-financiera/>

Western Missouri Medical Center estimated costs & financial assistance information

Self-pay patients get 40% off Hospital fees if they pay in full at time of service (discount does not apply to Physician's fee).

Estimated costs for colonoscopies - self-pay patients not high risk:

(Prices including 40% time-of-service payment discount in parentheses)

Hospital fees

- Procedure price = \$2,256
 - (40% time of service discount = \$1,354)
- Hospital observation service fee, per hour = \$832
 - (40% time of service discount fee = \$499)

Physician's fee = ~\$1,200

Cost estimate:	
Hospital fees (w/ 1 hr observation) = \$1,853*	
Physician's fee = \$1200	
	Total: \$3,053

*Includes 40% time of service payment discount on Hospital fees

Estimated costs for colonoscopies - self-pay patients high risk:

(Prices including 40% time-of-service payment discount in parentheses)

Hospital fees

- Procedure price = \$2,485
 - (40% time of service discount = \$1,491)
- Hospital observation service fee, per hour = \$832
 - (40% time of service discount fee = \$499)

Physician's fee = ~\$1,200

Cost estimate:	
Hospital fees (w/ 1 hr observation) = \$1,990*	
Physician's fee = \$1200	
	Total: \$3,190

*Includes 40% time of service payment discount on Hospital fees

Financial assistance:

Patients with income between 0% and 250% of the Federal Poverty Guidelines get 100% off hospital fees – which include the Procedure cost and Hospital observation services. Patients who qualify for full financial aid will only pay \$50 for the physician's fee.

Western Missouri Medical Center Helpful Documents:

- [Price Transparency Estimator](https://www.cdmpricing.com/e40133f452edba71c46707ebf592fb66/standard-charges) <https://www.cdmpricing.com/e40133f452edba71c46707ebf592fb66/standard-charges>
- [Financial Assistance Policy](https://wmmc.com/wp-content/uploads/2017/07/03.15.18-Financial-Assistance-Policy.pdf)
<https://wmmc.com/wp-content/uploads/2017/07/03.15.18-Financial-Assistance-Policy.pdf>
- [Avoiding Surprises in Your Medical Bills](https://wmmc.com/wp-content/uploads/2017/07/Avoiding-Surprises-in-Your-Medical-Bills.pdf)
<https://wmmc.com/wp-content/uploads/2017/07/Avoiding-Surprises-in-Your-Medical-Bills.pdf>
- [Avoiding Surprises in Your Medical Bills \(Spanish\)](https://wmmc.com/wp-content/uploads/2017/07/Avoiding-Surprises-in-Your-Medical-Bills-Spanish.pdf)
<https://wmmc.com/wp-content/uploads/2017/07/Avoiding-Surprises-in-Your-Medical-Bills-Spanish.pdf>
- [WMMC financial assistance application](https://wmmc.com/apply-financial-assistance/)
<https://wmmc.com/apply-financial-assistance/>

Golden Valley Hospital estimated costs & financial assistance information

Self-pay patients get 40% off all charges, regardless of financial aid eligibility (discounts are reflected in the estimates below).

NOTE: Golden Valley Hospital did not provide cost ranges for services.

Estimated costs for screening colonoscopy - self-pay patients:

Hospital fees = \$1,824

Physician's fee = \$540

Cost estimate:
Hospital charge = \$1,095 Physician's fee = \$540
Total: \$1,635

Estimated costs for colonoscopy w/ biopsy:

Hospital fees = \$2,370

Physician fee = \$540

Cost estimate:
Hospital charge = \$1,422 Physician's fee = \$540
Total: \$1,962

Estimated costs for colonoscopy w/ polyp removal:

Hospital fees = \$2,251

Physician fee = \$540

Cost estimate:
Hospital charge = \$1,351 Physician's fee = \$540
Total: \$1,891

Patients without insurance will be asked to make the following payments at the time of service:

- \$25 per emergency room visit
- \$10 per outpatient visit
- \$10 per physician office visit

Financial assistance

To qualify for financial assistance, patients must be uninsured, underinsured or ineligible for any government healthcare benefit program, or are unable to pay for care.

Golden Valley Income Guidelines for 60% - 80% discount:

Family income (as % FPG)	250% FPG	100% FPG
Discount granted	60%	80%

Helpful Documents:

- [Financial assistance policy in plain language](https://www.gvmh.org/patients/billing-information/financial-assistance/) (https://www.gvmh.org/patients/billing-information/financial-assistance/)
- [Full financial assistance policy](https://www.gvmh.org/wp-content/uploads/2021/10/Financial-Assistance-Program-Guidelines-VF-2021-1.pdf) (https://www.gvmh.org/wp-content/uploads/2021/10/Financial-Assistance-Program-Guidelines-VF-2021-1.pdf)
- [Price estimate tool](https://www.gvmh.org/patients/billing-information/price-estimates/) (https://www.gvmh.org/patients/billing-information/price-estimates/)
- [Costs of common procedures](https://www.gvmh.org/wp-content/uploads/2020/04/Charge-Description-Master-CDM.pdf) (https://www.gvmh.org/wp-content/uploads/2020/04/Charge-Description-Master-CDM.pdf)
- [Financial aid application](https://www.gvmh.org/wp-content/uploads/2021/10/Plain-Language-Summary-VF-2021.pdf) (https://www.gvmh.org/wp-content/uploads/2021/10/Plain-Language-Summary-VF-2021.pdf)