

Transparency in Health Care Prices Act

Senate Bill 17-065

Effective January 1, 2018

If you have health insurance coverage, you are strongly encouraged to consult with your health insurer to determine accurate information about your financial responsibility for a particular health care service provided by a health care provider at this office. If you do not have health insurance coverage, you are strongly encouraged to contact our business office personnel at (303) 874-1700 to discuss payment options and/or financial resources prior to receiving a health care service from a health care provider at this office since posted health care prices may not reflect the actual amount of your financial responsibility. Actual services provided during an encounter may vary from the scheduled procedure and price quote, including but not limited to the medically necessary use of high cost drugs, implants, supplies and any procedures other than the original quote based on individual circumstances for each patient case.

The following is a list of the most commonly provided services at South Denver Gastroenterology.

CPT CODE/DESCRIPTION	Self-Pay Rate
99204: OFFICE VISIT NEW COMP	220.00
99214: OFFICE VISIT ESTAB DETAIL	124.80
99203: OFFICE VISIT NEW DETAIL	152.00
99213: OFFICE VISIT ESTAB EXPAN	84.80
43239: EGD WITH BIOPSY	358.15
45380: COLON FOR BIOPSY	535.60
45385: COLON POLYP REMOVAL VIA SNARE	709.80
99244: OFFICE VISIT CONSULT COMPREHENSIVE	276.00
G0121: AVERAGE RICK SCREENING COLON	495.95
43235: EGD DIAGNOSTIC WITH BRUSHING	350.35
43450: MALONY DILATION	151.45
45381: COLON W/INJ ANY SUBSTANCE	505.70
99243: OFFICE VISIT CONSULT DETAILED	200.00
45378: COLON DIAGNOSTIC	495.95
99202: OFFICE VISIT NEW EXPAN	107.20
G0105: HIGH RISK SCREENING COLON	495.95