



# Colonoscopy Cost Estimates for Self-Pay Patients at Area Hospitals

## Central Ozarks Medical Center

Catchment area: Miller, Camden, and Pulaski Counties

\*Pulaski County DOES NOT have a hospital that does colonoscopies within their County

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## Colonoscopy referral locations & contact information

Referral location	Town (County)	Contact name	Phone # / email
MU Health Care	Columbia (Boone)	Rodth Alcabsa	(573) 884-9900
Capital Region Medical Center	Jefferson City (Cole)	Donna Brimmer	(573)-632-5137
Lake Regional Hospital	Osage Beach (Camden, Miller)	Lovena Shreve	<a href="mailto:lshreve@lakeregional.com">lshreve@lakeregional.com</a> ; (573) 302-3935
Mercy Hospital Lincoln	Troy (Lincoln)	Debbie	(417)-820-7300, option 2
Phelps Health	Rolla (Phelps)	Michelle	(573) 458-7715

## 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	Email
<b>Golden Valley Foundation</b>	Bates, Benton, Camden, Cass, Cedar Henry, Hickory, Johnson, Morgan, Pettis, Polk, St. Clair and Vernon County residents	Sarah Duncan, Foundation Director	<a href="mailto:Sd4545@gvmh.org">Sd4545@gvmh.org</a>
<b>United Way of Central Missouri</b>	Camden, Cole, Maries, Miller, Moniteau, Morgan, Osage, Phelps and southern Callaway County residents	Ann Bax, President/CPO	<a href="mailto:ann.bax@unitedwaycemo.org">ann.bax@unitedwaycemo.org</a>

NOTE: Financial assistance eligibility is generally determined by the patient's income relative to the Federal Poverty Guidelines (FPG). [2021 Poverty Guidelines | ASPE \(hhs.gov\)](https://aspe.hhs.gov/topics/poverty-economic-mobility/poverty-guidelines/prior-hhs-poverty-guidelines-federal-register-references/2021-poverty-guidelines) (<https://aspe.hhs.gov/topics/poverty-economic-mobility/poverty-guidelines/prior-hhs-poverty-guidelines-federal-register-references/2021-poverty-guidelines>), [2022 Poverty Guidelines, ASPE \(hhs.gov\)](https://aspe.hhs.gov/sites/default/files/documents/4b515876c4674466423975826ac57583/Guidelines-2022.pdf) (<https://aspe.hhs.gov/sites/default/files/documents/4b515876c4674466423975826ac57583/Guidelines-2022.pdf>)

## Colonoscopy cost estimate and financial aid summary

Locations sorted by self-pay cost, low to high

Hospital name	Self-pay cost range	Cost range for patients who qualify for financial aid	FA policy summary
MU Health Care	\$1,204 - \$2,425 <sup>a</sup>	Financial Assistance (FA) available on a sliding scale	60% discount is automatically calculated on hospital fees and 25% discount on physician fee for self-pay patients <sup>a</sup> Additional 20% discount on physician fee will be applied if paid promptly  Additional FA may be granted on a sliding scale
Capital Region Medical Center	\$1,889-\$2,993	≤200% FPG: Free <sup>b</sup>  Monthly payment plans available	65% discount is automatically calculated on all charges for self-pay patients <sup>b</sup> Full waiver of fees will be granted to patients with income ≤200 FPG: Federal Poverty guidelines
Phelps Health	\$1,823 -3,104 <sup>c</sup>	FA available on a sliding scale	30% discount is automatically calculated on hospital fees and physician fees for self-pay patients <sup>c</sup> Additional 10% discount on all charges will be applied if paid within 2 weeks of receiving bill
Lake Regional Hospital	\$2,039 - \$2,713	≤200% FPG (100% off all fees, excluding Anesthesia costs of: \$320 - \$576 <sup>c</sup>	62% discount is automatically calculated on hospital and physician fees for self-pay patients ≥200% FPG <sup>c</sup> Full waiver of hospital and physician fees for self-pay patients ≤200% FPG

			Patients ≥200% FPG can apply for sliding scale discounts
Mercy Hospital Lincoln	\$5,179-\$7,690	0-200% FPG: Free 201-250% FPG: \$677-\$1,082 251-300% FPG: \$915-\$1,197	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

## 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've 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 their language and definition of diagnostic and screening colonoscopies and how they charge for these procedures. 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.

## MU Health Care estimated costs & financial assistance information

MU Health Care does not differentiate between diagnostic and screening colonoscopies. Additional charges will incur if a biopsy is performed during the colonoscopy. Self-pay patients receive a 60% discount on hospital fees and a 25% discount on the physician fee, regardless of financial aid eligibility - these discounts are reflected in the cost estimates below. Patients can receive an additional 20% the discounted physician fee (a 40% total discount) if all charges are paid within 30 days of bill statement.

### Estimated costs for colonoscopy (Prices with prompt payment discount)

Hospital fees = \$670

Physician fee = \$668 (\$534)

Low end cost estimate:	High end cost estimate:
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Hospital fees = \$670 Physician fee = \$534*	Hospital fees = \$670 Physician fee = \$668
<b>Total: \$1,204*</b>	<b>Total: \$1,338</b>

\*Includes 40% prompt payment discount on physician fee

If a biopsy is performed during colonoscopy, patient will be charged an additional \$1,087

#### Financial assistance (Estimates based on 2021 Financial Poverty Guidelines):

Patients can apply for additional financial assistance on top of self-pay discounts.

Patients must apply to adult expansion program (Medicaid) or Marketplace and be found ineligible before MU will offer financial assistance.

\*If procedure is elective, MU Health Care may require 50% - 100% down payment. A **diagnostic colonoscopy is not elective**, but a **general colonoscopy is elective**.

\*\*Physician fee is not subject to financial assistance

#### Helpful Documents:

- [MU Health Care billing overview](https://www.muhealth.org/your-visit/billing-insurance-financial-assistance/pricing) (https://www.muhealth.org/your-visit/billing-insurance-financial-assistance/pricing)
- [Cost estimates for uninsured patients](https://www.muhealth.org/sites/default/files/finance/Cost_estimates-uninsured_patients_7012021.pdf)  
https://www.muhealth.org/sites/default/files/finance/Cost\_estimates-uninsured\_patients\_7012021.pdf
- [MU Health financial assistance policy](https://www.muhealth.org/your-visit/billing-insurance-financial-assistance/financial-assistance) https://www.muhealth.org/your-visit/billing-insurance-financial-assistance/financial-assistance
- [Financial assistance application](https://www.muhealth.org/sites/default/files/PDFs/Financial_Assistance_Packet_Website.pdf)  
https://www.muhealth.org/sites/default/files/PDFs/Financial\_Assistance\_Packet\_Website.pdf
- [Financial assistance application checklist](https://www.muhealth.org/sites/default/files/PDFs/Financial_Assistance_Packet_Website.pdf)  
https://www.muhealth.org/sites/default/files/PDFs/Financial\_Assistance\_Packet\_Website.pdf

### Capital Region Medical Center estimated costs & financial assistance information

Capital Region does not differentiate between diagnostic and screening colonoscopies. Additional charges will incur if a biopsy is performed during the colonoscopy. Self-pay patients receive a 65% discount on all charges - this discount is reflected in the cost estimates below. NOTE: Capital Region Medical Center did not provide cost ranges for services.

#### Estimated costs for colonoscopy:

<b>Self-pay cost estimate:</b>	
Hospital fees = \$1,371	
Physician fee = \$518	
	<b>Total: \$1,889</b>

## Estimated costs for colonoscopy w/ biopsy:

Self-pay cost estimate:	
Hospital fees = \$2,438	
Physician fee = \$555	
	<b>Total: \$2,993</b>

## Financial assistance (Estimates based on 2021 Financial Poverty Guidelines):

Patients with income at or below 200% FPG will receive free care.

Patients with income at or above 201% FPG will receive care discounted to the amount generally billed for insured patients for such services.

Capital Region Medical Center also provides a 0% interest financing option that allows patients to pay balance in monthly installments.

Helpful documents

- [Hospital Financial Assistance Program \(Charity\)](https://res.cloudinary.com/dpmykpsih/image/upload/crmc-v8-site-264/media/1180/hospital-financial-assistance-program-charity-jan-2017.pdf).  
<https://res.cloudinary.com/dpmykpsih/image/upload/crmc-v8-site-264/media/1180/hospital-financial-assistance-program-charity-jan-2017.pdf>
- [Accepted insurances](https://www.crmc.org/patients-and-visitors/billing-insurance/accepted-insurance/) <https://www.crmc.org/patients-and-visitors/billing-insurance/accepted-insurance/>
- [Financial Assistance Application](https://res.cloudinary.com/dpmykpsih/raw/upload/crmc-v8-site-264/media/r/63caebeef41d4112b1435dee73e0000b/financial-assistance-application.pdf) <https://res.cloudinary.com/dpmykpsih/raw/upload/crmc-v8-site-264/media/r/63caebeef41d4112b1435dee73e0000b/financial-assistance-application.pdf>
- [Financial Assistance FAQ](https://www.crmc.org/patients-and-visitors/billing-insurance/financial-assistance-faq/) <https://www.crmc.org/patients-and-visitors/billing-insurance/financial-assistance-faq/>

Patients who fall into the following categories do not need to fill out financial aid application:

- Medicaid pending applications that are not subsequently approved provided that the application indicates that the patient meets the criteria for charity care.
- Patients or guarantors who have declared bankruptcy.
- Patients or guarantors who are deceased with no estate in probate that no one else (such as spouse or legal guardian) is legally responsible for the liability.
- Patients or guarantors determined to be homeless.
- Patients of Capital Region Resident Clinic and Community Health Services.
- Mentally incapacitated.
- Incarcerated prisoners not expected to be released soon.
- Low income/subsidized housing (Section 8) provided as a valid address.
- Eligibility for other state or local assistance programs that are unfunded (i.e. Medicaid Spend-down)

## Lake Regional Hospital estimated costs & financial assistance information

Lake Regional Hospital does not differentiate between diagnostic and screening colonoscopies. Self-pay patients with incomes above 200% Federal Poverty Guidelines receive a 62% discount on hospital and physician fees - this discount is reflected in the cost estimates below. LRH contracts with Lake Ozark Anesthesia & Associate, which charges for services independently, and gives self-pay patients a 20% discount - also reflected in estimates below.

### Estimated costs for colonoscopy:

Hospital fees = \$997 - \$1,035

Physician fee = \$722 - \$1,102

Anesthesia costs (Lake Ozark Anesthesia) = \$320 - \$576

Low end cost estimate:	High end cost estimate:
Hospital fees = \$997	Hospital fees = \$1,035
Physician fee = \$722	Physician fee = \$1,102
Anesthesia costs = \$320	Anesthesia costs = \$576
<b>Total: \$2,039</b>	<b>Total: \$2,713</b>

### Financial assistance (Estimates based on 2021 Financial Poverty Guidelines):

Patients with incomes below 200% FPG will receive 100% off hospital and physician fees.

Lake Ozark Anesthesiology may award a larger discount (up to 70%) if patient is receiving financial aid from Lake Regional.

#### [Lake Regional Financial Assistance Breakdown By Income:](https://res.cloudinary.com/dpmykpsih/image/upload/lakeregional-site-338/media/1903/financial-assistance-and-sliding-fee-schedule.pdf)

<https://res.cloudinary.com/dpmykpsih/image/upload/lakeregional-site-338/media/1903/financial-assistance-and-sliding-fee-schedule.pdf>

Household income (as % FPG)	≤200% FPG	>200%
Patient responsibility	None (full waiver of costs)	62% discount
Cost to patient	\$0	\$673-778

### Helpful documents

- [Hospital price estimator](https://www.lakeregional.com/patients-and-visitors/patients/billing-and-insurance/hospital-price-information/) <https://www.lakeregional.com/patients-and-visitors/patients/billing-and-insurance/hospital-price-information/>
- [Standard charges at Lake Regional](https://www.cdmpricing.com/bc7b2fe7e0a9640a8343636bec9a3691/standard-charges)  
<https://www.cdmpricing.com/bc7b2fe7e0a9640a8343636bec9a3691/standard-charges>
- [Financial aid application](https://res.cloudinary.com/dpmykpsih/raw/upload/lakeregional-site-338/media/r/0ac386809aba44478f138f05e4e62d17/lake-regional-financial-application-6-1-21.pdf) <https://res.cloudinary.com/dpmykpsih/raw/upload/lakeregional-site-338/media/r/0ac386809aba44478f138f05e4e62d17/lake-regional-financial-application-6-1-21.pdf>
- [Lake Regional financial assistance guidelines](https://res.cloudinary.com/dpmykpsih/image/upload/lakeregional-site-338/media/9aa4bfcc71dd4f9fbf8c5f2fcf55cbbd/copy-of-2021-lrhs-fin-asst-guidelines.pdf)  
<https://res.cloudinary.com/dpmykpsih/image/upload/lakeregional-site-338/media/9aa4bfcc71dd4f9fbf8c5f2fcf55cbbd/copy-of-2021-lrhs-fin-asst-guidelines.pdf>

## Mercy Hospital Lincoln 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 = \$2,551	
Physician fee = \$553	
<b>Total: \$3,104</b>	

### Estimated costs for diagnostic colonoscopy (with biopsy):

Cost estimate:	
Hospital fees = \$4,267	
Physician fee = \$759	
<b>Total: \$5,026</b>	

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-financial-assistance-program.pdf)

<https://www.mercy.net/content/dam/mercy/en/pdf/hospital-and-health-services-financial-assistance-program.pdf>

Household income (as % FPG)	0-200% FPG	201-250% FPG	251-300% FPG
<b>Patient responsibility</b>	None (full waiver of costs)	80% hospital discount 70% physician discount	75% hospital discount 50% physician discount
<b>Cost to patient</b>	\$0	\$677-\$1,082	\$915-\$1197

#### Helpful documents

- [Financial Aid Plain Language Summary \(English\)](https://www.mercy.net/content/dam/mercy/en/pdf/plain-language-summary-mhjc.pdf)  
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-mhjc-spanish.pdf)  
https://www.mercy.net/content/dam/mercy/en/pdf/plain-language-summary-mhjc-spanish.pdf



- [Financial Assistance Applications and Resources \(English\)](https://www.mercy.net/content/dam/mercy/en/pdf/financial-assistance-application-mhjc.pdf)  
https://www.mercy.net/content/dam/mercy/en/pdf/financial-assistance-application-mhjc.pdf
- [Financial Assistance Applications and Resources \(Spanish\)](https://www.mercy.net/content/dam/mercy/en/pdf/plain-language-summary-mhjc-spanish.pdf)  
https://www.mercy.net/content/dam/mercy/en/pdf/plain-language-summary-mhjc-spanish.pdf

## Phelps Health estimated costs & financial assistance information

Phelps Health does not differentiate between diagnostic and screening colonoscopies. Additional charges will incur if a biopsy is performed during the colonoscopy. Self-pay patients receive a 30% discount on all charges – this discount is reflected in the cost estimates below. Patients can receive an additional 10% off all charges if bill is paid in full within two weeks of being received.

### Estimated costs for colonoscopy (Prices with prompt payment discount)

Hospital fees = \$1,860 (\$1,674)

Physician fee = \$165 (\$149)

Low end cost estimate:	High end cost estimate:
Hospital fees = \$1,674*	Hospital fees = \$1,860
Physician fee = \$149*	Physician fee = \$165
<b>Total: \$1,823*</b>	<b>Total: \$2,025</b>

\*Includes 10% prompt payment discount

### Estimated costs for colonoscopy w/ biopsy (Prices with prompt payment discount)

Hospital fees = \$2,925 (\$2,633)

Physician fee = \$179 (\$162)

Low end cost estimate:	High end cost estimate:
Hospital fees = \$2,633*	Hospital fees = \$2,925
Physician fee = \$162*	Physician fee = \$179
<b>Total: \$2,795*</b>	<b>Total: \$3,104</b>

\*Includes 10% prompt payment discount

Patients opting to pay bill in full can get an additional 10% discount on their total bill

## Financial Assistance (Estimates based on 2021 Financial Poverty Guidelines):

Patients with incomes at or below 225% FPG are eligible for financial assistance.

Household income (as % FPG)	≤150% FPG	151 - 175%	176 - 200%	201 - 225%
Patient responsibility	None (full waiver of costs)	20% of charges	25% of charges	28% of charges
Cost to patient	\$0	\$365 - \$621	\$456 - \$776	\$510 - \$869

Patients may also set up 0% interest payment plans with Phelps Health.

### Helpful documents

- [Plain Language Summary](https://phelpshealth.org/patients-visitors/patient-financial-assistance/plain-language-summary) <https://phelpshealth.org/patients-visitors/patient-financial-assistance/plain-language-summary>
- [EnrollU](https://phelpshealth.org/patients-visitors/enrollu) <https://phelpshealth.org/patients-visitors/enrollu>
- [Financial Application Instructions](https://phelpshealth.org/patients-visitors/patient-financial-assistance/financial-application-instructions) <https://phelpshealth.org/patients-visitors/patient-financial-assistance/financial-application-instructions>
- [Financial Assistance Policy](https://phelpshealth.org/patients-visitors/patient-financial-assistance/financial-assistance-policy) <https://phelpshealth.org/patients-visitors/patient-financial-assistance/financial-assistance-policy>
- [Accounts Receivable \(AR\) Management Policy](https://phelpshealth.org/patients-visitors/patient-financial-assistance/accounts-receivable-management-policy) <https://phelpshealth.org/patients-visitors/patient-financial-assistance/accounts-receivable-management-policy>
- [Standard Charges](https://phelpshealth.org/patients-visitors/patient-financial-assistance/standard-charges) <https://phelpshealth.org/patients-visitors/patient-financial-assistance/standard-charges>
- [Estimate Your Healthcare Cost](https://phelpshealth.org/estimate-your-healthcare-cost) <https://phelpshealth.org/estimate-your-healthcare-cost>