

Thank you for choosing Atlanta Gastroenterology Associates (AGA, LLC) and its affiliated endoscopy centers. Our discounted rates for self-pay patients are listed below. If more than one service is rendered on the same day, the payment due equals the sum of the fees for each service.

OFFICE SERVICES

<input type="checkbox"/> Office visit	<input type="checkbox"/> New patient	\$ 225
	<input type="checkbox"/> Established patient	\$ 125
<input type="checkbox"/> Anoscopy		\$ 125
<input type="checkbox"/> B ₁₂ injection		\$ 25
<input type="checkbox"/> Flexible sigmoidoscopy		\$ 250
<input type="checkbox"/> G-tube replacement		\$ 600
<input type="checkbox"/> Guaiac		\$ 10
<input type="checkbox"/> H. Pylori breath test		\$ 175
<input type="checkbox"/> Hemorrhoid banding		\$ 450
<input type="checkbox"/> Hemosure®		\$ 75
<input type="checkbox"/> Hepatitis A vaccine (HAVRIX®)		\$ 120
<input type="checkbox"/> Hepatitis B vaccine (ENGERIX®-B)		\$ 130
<input type="checkbox"/> Hepatitis A & B vaccine (Twinrix®)		\$ 160
<input type="checkbox"/> Hydrogen breath test (HBT)		\$ 100
<input type="checkbox"/> PillCam® patency capsule		\$ 100
<input type="checkbox"/> PillCam® or PillCam® Colon		\$ 1,400
<input type="checkbox"/> Ultrasound		\$ 200
<input type="checkbox"/> Ultrasound, doppler (complete)		\$ 450
<input type="checkbox"/> Ultrasound, doppler (limited)		\$ 250
<input type="checkbox"/> Vitamin D injection		\$ 35

ENDOSCOPY CENTER PROCEDURES

The fees below are all-inclusive and represent charges from the physician, facility, pathology and anesthesia, unless otherwise noted.

<input type="checkbox"/> Colonoscopy	\$ 1,500
<input type="checkbox"/> Colonoscopy with hemorrhoid banding	\$ 1,900
<input type="checkbox"/> EGD	\$ 1,300
<input type="checkbox"/> EGD and colonoscopy	\$ 2,000
<input type="checkbox"/> EGD with Bravo pH testing	\$ 2,000
<input type="checkbox"/> Flexible sigmoidoscopy	\$ 900
<input type="checkbox"/> Hemorrhoid banding	\$ 500
<input type="checkbox"/> InterStim® SNS	\$ 8,145
<input type="checkbox"/> Liver biopsy	\$ 1,375
<input type="checkbox"/> Paracentesis	\$ 625

(Pathology charged separately. Anesthesia not required for procedure.)

IMAGING SERVICES

<input type="checkbox"/> CT abdomen/pelvis with contrast	\$ 675
<input type="checkbox"/> CT abdomen/pelvis without contrast	\$ 675
<input type="checkbox"/> CT abdomen with contrast	\$ 400
<input type="checkbox"/> CT angiography abdomen/pelvis with contrast	\$ 1,400
<input type="checkbox"/> CT angiography abdomen with contrast	\$ 750
<input type="checkbox"/> CT bone density	\$ 300
<input type="checkbox"/> CT enterography with contrast	\$ 675

INFUSION SERVICES

<input type="checkbox"/> Administration	<input type="checkbox"/> First hour	\$ 225
	<input type="checkbox"/> Each additional hour	\$ 55
	<input type="checkbox"/> Injection	\$ 200
<input type="checkbox"/> CIMZIA® medication	Number of 200 mg vials _____	\$ 4,000/vial
<input type="checkbox"/> ENTYVIO® medication	Number of 300 mg vials _____	\$ 6,100/vial
<input type="checkbox"/> Injectafer® medication	Number of 750 mg vials _____	\$ 1,500/vial
<input type="checkbox"/> REMICADE® medication	Number of 100 mg vials _____	\$ 880/vial
<input type="checkbox"/> STELARA® medication	Number of 120 mg vials _____	\$ 2,500/vial
	Number of 45 mg vials _____	\$12,635/vial
<input type="checkbox"/> TYSABRI® medication	Number of 300 mg vials _____	\$ 6,000/vial
<input type="checkbox"/> Venofer® medication	Number of 200 mg vials _____	\$ 120/vial

HOSPITAL SERVICES

The fees below represent physician charges only. Other charges may apply.

<input type="checkbox"/> Colonoscopy	\$ 500
<input type="checkbox"/> EGD	\$ 400
<input type="checkbox"/> EGD and colonoscopy	\$ 800
<input type="checkbox"/> EGD with Bravo pH testing	\$ 1,000
<input type="checkbox"/> Endoscopic ultrasound (EUS)	\$ 1,200
<input type="checkbox"/> ERCP	\$ 1,250
<input type="checkbox"/> Esophagoscopy	\$ 400
<input type="checkbox"/> Liver biopsy	\$ 500
<input type="checkbox"/> Paracentesis	\$ 125
<input type="checkbox"/> PillCam®	\$ 300

MOTILITY SERVICES

The fees below represent physician charges only. Other charges may apply.

<input type="checkbox"/> Anorectal manometry	\$ 275
<input type="checkbox"/> Catheter based pH monitoring	\$ 225
<input type="checkbox"/> Esophageal impedance	\$ 200
<input type="checkbox"/> Esophageal manometry	\$ 225
<input type="checkbox"/> Esophageal manometry + pH	\$ 450
<input type="checkbox"/> Esophageal manometry with impedance	\$ 425

NUTRITION SERVICES

<input type="checkbox"/> Nutrition new consult	\$ 110
<input type="checkbox"/> Nutrition established/follow-up visit	\$ 75

If you pay in full at the time of service, we will offer a 10% discount on the above published rates. For balances not paid in full at the time of service, a monthly payment plan with automatic credit card draft will be required. The 10% discount cannot be applied to previous services rendered. Please refer to the Payment Agreement form for additional information.