



ESTIMATE

Mayo Clinic Rochester

Mayo Clinic
200 1st Street SW
Rochester, MN 55905
Business Service: 507-284-4024
Schedule an Appointment: 507-538-3270

Patient Name: Alex Dariusz Milaszewicz
Patient Address:

Service Date: 1/25/2019
Patient MRN: 9039628
Insurance: Self Pay - 5% Increase

CPT Code: 99244: , COMPREHENSIVE EXAM & CONSULT (\$605.00)

| | |
|--|-------------------|
| Total Estimated Charges: | \$605.00 * |
| Total Estimated Patient Amount: | \$635.00 * |

* Rounded

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Est ID: 500237

COMMENTS

Notes: Allergy consult

ESTIMATED PATIENT FINANCIAL RESPONSIBILITY

The information provided in this worksheet is a best **ESTIMATE** based on the information we currently have and is not a guarantee of what you will be charged. Please understand that in many cases it is impossible to predict the final charges that will result, as there are variables involved in your actual services such as: the length of time spent in surgery or recovery, specific equipment, supplies and medications required, additional tests required by your physician, and/or any unusual special care or unexpected conditions or complications. This estimate only includes physician charges (e.g. office visit, surgeon, anesthesiologist, emergency room physician, radiologist, pathologist, etc.). If you have insurance, your benefits will ultimately determine the amount you owe (including deductibles, co-pay, co-insurance, and out-of-pocket maximums).

Mayo Clinic is committed to providing access to quality healthcare for the community it serves including patients in difficult financial circumstances, and offers financial assistance to those with an established need to receive emergency medical care and medically necessary hospital services. Mayo Clinic also offers other assistance to patients including financial assistance, charity care, discounts, and payment plans for services that are not provided in a hospital setting. Collection procedures by Mayo Clinic may take in the event of non-payment are described in Mayo Clinic's Billing and Collections Policy. A copy of this policy may be obtained by visiting www.mayoclinic.org/financialassistance or calling .



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PROCEDURE CODES

Patient Name: Alex Dariusz Milaszewicz

Estimate ID: 500237

Your estimate is based on the following codes:

Clinic (CPT®):

99244: , COMPREHENSIVE EXAM & CONSULT (\$605.00)

ICD's:

-- none --



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Patient Name: Alex Dariusz Milaszewicz

Patient Address:

Service Date: 1/25/2019

Patient MRN: 9039628

Insurance: Self Pay - 5% Increase

CPT Code: 43235: EGD DIAGNOSTIC BRUSH WASH

Facility Charges: \$5,556.00 *

Clinic Charges: \$2,623.00 *

Total Estimated Charges: \$8,179.00 *

Facility Patient Amount: \$5,834.00 *

Clinic Patient Amount: \$2,754.00 *

Total Estimated Patient Amount: \$8,588.00 *

Range of Estimated Charges from Low to High

\$7,299.88 to \$9,705.49

Range of Estimated Patient Amount from Low to High

\$7,664.87 to \$10,190.76

This range represents charges for patients with comparable procedures. The **estimate** given is the median amount based on those patients.

* rounded

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Patient/Guarantor Signature: _____



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Patient Name: Alex Dariusz Milaszewicz

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Your estimate is based on the following codes:

Facility:

43235: EGD DIAGNOSTIC BRUSH WASH

45378: DIAGNOSTIC COLONOSCOPY

Clinic (CPT®):

43235: , EGD ENDOSCOPY TRANSORAL, DIAG (\$1222.64)

45378: , COLONOSCOPY; COMPLETE EXAM (\$1400.19)

ICD's:

-- none --



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Patient Address:

Service Date: 1/25/2019

Patient MRN: 9039628

Insurance: Self Pay - 5% Increase

CPT Code: 74230: TC: , SWALLOWING FUNCTION, W RECORD (\$465.59)

Facility Charges: \$1,462.00 *

Clinic Charges: \$86.00 *

Total Estimated Charges: \$1,547.00 *

Facility Patient Amount: \$1,535.00 *

Clinic Patient Amount: \$90.00 *

Total Estimated Patient Amount: \$1,625.00 *

* rounded

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Estimate ID: 500235

COMMENTS

Notes: _____

ESTIMATED PATIENT FINANCIAL RESPONSIBILITY

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Facility:

74230: : TC , SWALLOWING FUNCTION, W RECORD (\$465.59)

92611: , VIDEO DYSPHASIA EVALUATION OT (\$498.06)

92610: , CLINICAL DYSPHAGIA - O.T. (\$498.06)

Clinic (CPT®):

74230: 26: , SWALLOWING FUNCTION, W RECORD (\$85.64)

ICD's:

-- none --