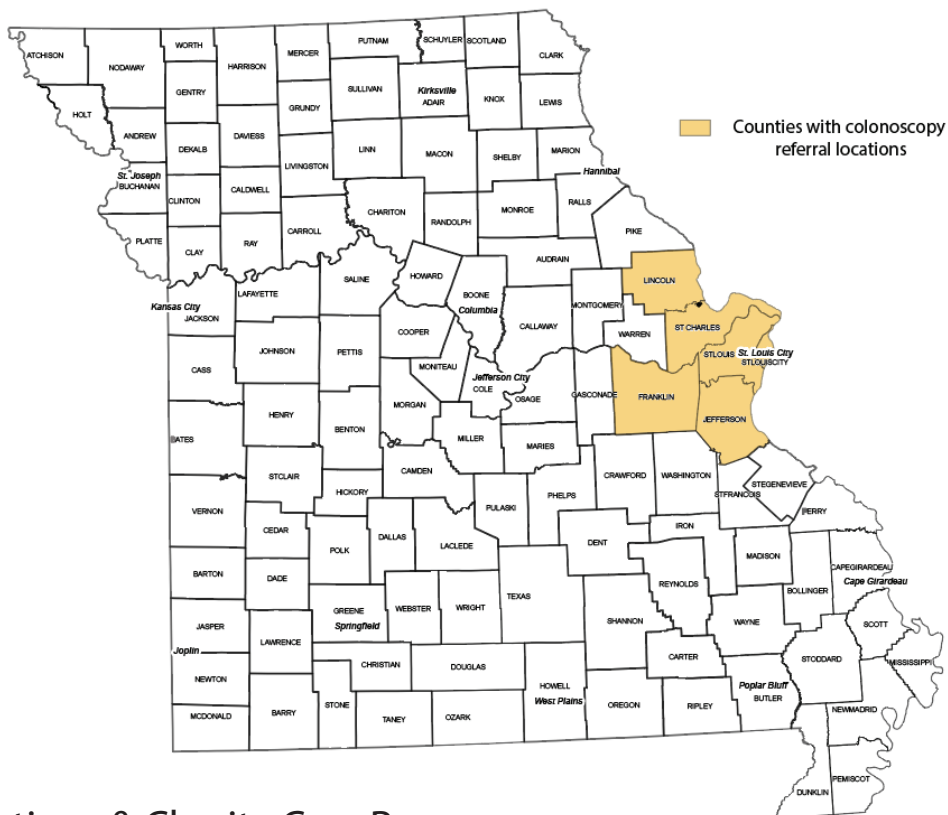




Colonoscopy Cost Estimates for Self-Pay Patients at Area Hospitals



- Referral locations & Charity Care Resources
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Colonoscopy referral locations & contact information

Referral location	Town (County)	Contact name	Phone # / email
Barnes-Jewish (BJC) Hospital	St. Peters (St. Charles)	Cynthia	(314)747-8845, option 7
Mercy Hospital Jefferson	Festus (Jefferson)	Kurt	(417) 841-3739
Mercy Hospital Lincoln	Troy (Lincoln)	Debbie	(417)-820-7300, option 2
Mercy Hospital South	St. Louis (St. Louis)	Kurt	(417) 841-3739
Mercy Hospital Washington	Washington (Franklin)	Kurt	(417) 841-3739
St. Clare Hospital	Fenton (St. Louis)	Price Transparency Dept.	(884) 989-6292

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
United Way of Greater St. Louis	Warren, Franklin, St. Charles	Can speak with any representative	Call or Text: 1-800-427-4626. (Available M-F, 9 a.m.–5 p.m.)
Franklin County Area United Way	Franklin County	Kim Buschman	636-239-1018 / kbuschman@franklincountyuw.org

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/2022-Poverty-Guidelines) (https://aspe.hhs.gov/sites/default/files/documents/4b515876c4674466423975826ac57583/Guidelines_2022.pdf)

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.

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
Barnes-Jewish Hospital	\$1,044-\$1,860 **Estimates do not include anesthesia costs	0-200% FPG: Free 201-300 FPG: \$209-372 **Estimates do not include anesthesia costs	40% discount is automatically calculated on hospital fees for self-pay patients
Mercy Hospital Jefferson	\$3,645-\$6,037	0-200% FPG: Free 201-250% FPG: \$784-\$1,338 251-300% FPG: \$1,049-\$1,837	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
Mercy Hospital Lincoln	\$3,104-\$5,026	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
Mercy Hospital South	\$2,798-\$4,457	0-200% FPG: Free 201-250% FPG: \$615-\$837 251-300% FPG: \$1,022-\$1,142	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
Mercy Hospital Washington	\$3,270-\$5,210	0-200% FPG: Free 201-250% FPG: \$710-\$1,119 251-300% FPG: \$957-\$1,493	35% discount is automatically calculated on hospital fees and a 25% discount on physician fees is automatically calculated for self-pay patients
St. Clare Hospital	\$2,292 ^a - \$2,724 (plus physician fee)	Additional FA options available through hospital	^a Reflects 10% prompt pay discount discounted if entire bill is paid within 30 days of first statement date.

BJC Hospital estimated costs & financial assistance information

Barnes-Jewish Hospital 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 40% discount on billed charges – this discount is reflected in the cost estimates below. BJC contracts with Team Health for anesthesia, which charges for services independently. Potential patients can contact Team Health for anesthesia quotes (contact information below).

Hospital fees = \$ 1,044 with an additional \$816 if biopsy performed

Physician’s fee = Done per Team Health in St. Peters, MO

Estimated costs for colonoscopy:

Self-pay cost estimate:	
Hospital fees = \$1,044*	
Physician fee = Call Team Health for quote	
Total: \$1,044 plus anesthesia costs	

Estimated costs for colonoscopy w/ biopsy:

Self-pay cost estimate:	
Hospital fees = \$1,860*	
Physician fee = Call Team Health for quote	
Total: \$1,860 plus anesthesia costs	

*Includes 40% self-pay discount

Anesthesia: Team Health (877-307-4554)

- Will only provide quote to patients
- Patients with upcoming procedures can request price estimate by filling out this form:
 - [BJC. Procedure Estimate Form](#)
- Once the form has been completed (the red highlighted areas), please email the form to good_faith_estimates@teamhealth.com

Financial assistance (Estimates based on 2022 Financial Poverty Guidelines) for either screening or diagnostic colonoscopy

BJC Income Guidelines for 80-100% discount:

Family income (as % FPG)	0- 200% FPG	201-300% FPG
Patient responsibility	None (full waiver of costs)	80% hospital discount
Cost to patient	\$0 (plus anesthesia costs)	\$209-\$372 (plus anesthesia costs)

Helpful Documents:

- [BJC Financial Assistance Brochure](#)
(https://www.bjc.org/Portals/0/FinancialAssistanceBrochure_BJCHealthCare-web-8-10-18.pdf)
- [BJC Billing Collection Policy](#)
(https://www.bjc.org/Portals/0/Content/Financial%20Assitance/BJC%20FAP%20Collection%20Policy_2019.pdf)

Mercy Hospital Jefferson 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 = \$3,092	
Physician fee = \$553	
	Total: \$3,645

Estimated costs for diagnostic colonoscopy (with biopsy):

Cost estimate:	
Hospital fees = \$4,727	
Physician fee = \$1,310	
	Total: \$6,037

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
Patient responsibility	None (full waiver of costs)	80% hospital discount 70% physician discount	75% hospital discount 50% physician discount
Cost to patient	\$0	\$784-\$1,338	\$1,049-\$1,837

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>)

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
Total: \$3,104

Estimated costs for diagnostic colonoscopy (with biopsy):

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

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
Patient responsibility	None (full waiver of costs)	80% hospital discount 70% physician discount	75% hospital discount 50% physician discount
Cost to patient	\$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>)

Mercy Hospital South 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 = \$2,245	
Physician fee = \$553	
	Total: \$2,798

Estimated costs for diagnostic colonoscopy (with biopsy):

Cost estimate:	
Hospital fees = \$3,147	
Physician fee = \$1,310	
	Total: \$4,457

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
Patient responsibility	None (full waiver of costs)	80% hospital discount 70% physician discount	75% hospital discount 50% physician discount
Cost to patient	\$0	\$615-\$837	\$1,022-\$1,142

Helpful documents

- [Financial Assistance](https://www.mercy.net/patients-visitors/billing/financial-assistance/) <https://www.mercy.net/patients-visitors/billing/financial-assistance/>
- [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-mercy-and-clinic.pdf)
(<https://www.mercy.net/content/dam/mercy/en/pdf/financial-assistance-application-mercy-and-clinic.pdf>)
- [Financial Assistance and Resources \(Spanish\)](https://www.mercy.net/content/dam/mercy/en/pdf/financial-assistance-application-mercy-and-clinic-spanish.pdf)
<https://www.mercy.net/content/dam/mercy/en/pdf/financial-assistance-application-mercy-and-clinic-spanish.pdf>

Mercy Hospital Washington 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 = \$2,717	
Physician fee = \$553	
	Total: \$3,270

Estimated costs for diagnostic colonoscopy (with biopsy):

Cost estimate:	
Hospital fees = \$4,451	
Physician fee = \$759	
	Total: \$5,210

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
Patient responsibility	None (full waiver of costs)	80% hospital discount 70% physician discount	75% hospital discount 50% physician discount
Cost to patient	\$0	\$710-\$1,119	\$957-\$1,493

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>)

SSM St. Clare Hospital estimated costs & financial assistance information

St. Clare Hospital defines a colonoscopy without a biopsy as a screening colonoscopy and a colonoscopy with biopsy as a diagnostic colonoscopy. If you pay your SSM hospital bill in full, within 30 days from the first statement date, you can receive a 10% discount off your balance. Prices reflected in low end cost estimates below. NOTE: St. Clare did not provide cost ranges for hospital services.

Estimated costs for screening colonoscopy - self-pay patients:

Low end cost estimate:	High end cost estimate:
Hospital fee = \$2,221	Hospital fee = \$2,221
Anesthesia fee = 325*	Anesthesia fee = \$1,000
Physician's fee = \$ no estimate	Physician's fee = \$ no estimate
Total: \$2,292 + physician fee**	Total: \$3,221 + physician fee

*Reflects discounted fee

** Reflects prompt pay discount

Estimated costs for colonoscopy w/ biopsy or polyp removal - self-pay patients:

Cost estimate:	High end cost estimate:
Hospital fee = \$2,624	Hospital fee = \$2,624
Anesthesia fee = \$325	Anesthesia fee = \$ 1,000
Physician's fee = \$ no estimate	Physician's fee = \$ no estimate
Total: \$ 2,654 + physician fee**	Total: \$ 2,724+ physician fee

*Reflects discounted fee

** Reflects prompt pay discount

Physician's fee: Call 636-669-2411 for SSM gastroenterology group and leave message with physician billing for price quote (we were unable to leave a message or get a response). If a CPT code is needed, give them 45378 & 45380 for colonoscopy cost ranges.

Anesthesia fees: Metro-West Anesthesia Group \$700-\$1,000. There is a discounted fee for self-pay of \$325 if pre-paid at least 3 days prior to procedure

Helpful Documents:

- <https://www.ssmhealth.com/resources/pay-my-bill/financial-assistance/hospital-financial-assistance>
 - [888-918-3512](tel:888-918-3512)
- [SSM Health Medical Group Financial Assistance Form](#)
 - **Email:** billingquestionsPB@ssmhealth.com
 - [888-918-3540](tel:888-918-3540)
- Payment arrangements and 0% interest financing
 - <https://www.ssmhealth.com/resources/pay-my-bill/payment-arrangements>