

Colorectal Cancer



Colonoscopy Fee Worksheet



How do I use this Worksheet?

This “Colonoscopy: Fee Worksheet” can be used to help you estimate the cost of your colonoscopy. It is intended to be used along with the “Colonoscopy: Fee Information” document which can be found on the Kentucky Cancer Program, Colorectal Toolkit website at <https://www.kcp.uky.edu/community/tccop/toolkit/php>

When you talk to the representative at your insurance company, it is important to ask them about the **specific costs on the back of this worksheet**, which you will have to pay or might have to pay for your colonoscopy, especially if a polyp(s) is removed.

Asking about Specific Costs: Important Words to Know

Make sure to ask your insurance representative about **EACH** of these possible costs:

- **Deductible:** The amount you must pay for health care or prescriptions, before Original Medicare, your prescription drug plan, or your other insurance begins to pay.
- **Co-pay:** An amount you pay as your share of the cost for a medical service or supply, like a doctor’s visit, hospital outpatient visit, or a prescription.
- **Consultation fee:** A fee for any doctor visit before your colonoscopy.
- **In-Network Providers:** These are providers your insurer is contracted with; In-network providers will have the lowest cost to you.
- **Laboratory tests:** Tests on blood or stool samples before your colonoscopy.
- **Bowel prep:** Medication taken to cleanse your colon before the colonoscopy.
- **Facility fee:** Cost of using the rooms, equipment, etc. of the hospital or medical center.
- **Physician fee:** A fee for the provider who does your colonoscopy.
- **Anesthesia fee:** Medication to put you to sleep for the test.
- **Pathology fee:** The fee for having tissue taken out or a polyp removed and tested in a lab.
- **Follow-up:** Any doctor visit or test that is related to your colonoscopy.

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See the back page to view the “Colonoscopy Fee Worksheet”.

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Use this worksheet to estimate the cost of your colonoscopy and your financial responsibility, keeping in mind that charges may vary depending on:

- **Type of facility**—hospital, gastroenterology clinic, outpatient services, surgery center, doctor’s office
- **Services included in the facility fee**—equipment, IVs, nursing, pre/post tests, anesthesia
- **Insurance coverage**—co-pays, percentages, deductibles, time since last procedure/colonoscopy, diagnosis or reason for the colonoscopy
- **Provider fees**—general practitioner, gastroenterologist, surgeon, pathologist, radiologist
- **Whether abnormalities are found**—costs may change the screening colonoscopy to a diagnostic procedure if polyp(s) are found and removed

The following items may be combined or may not apply to you. **Talk with your doctor and your insurance company about EACH specific cost*.**

Before the Procedure

Insurance Deductible	\$ _____
Insurance Co-pay	\$ _____
Consultation/referral visit	\$ _____
Laboratory tests	\$ _____
Bowel Prep	\$ _____

During the Procedure

Facility Fee	\$ _____
Physician Fee	\$ _____
Anesthesia Fee	\$ _____

After the Procedure

Pathology Fee	\$ _____
Radiology (if needed)	\$ _____
Follow-up visit (if needed)	\$ _____
Follow-up tests (if needed)	\$ _____
Other	\$ _____
TOTAL	\$ _____

When scheduling your colonoscopy, be sure to ask your doctor to use **In-Network Providers** for each service. This includes laboratory tests.

*This list may not include all the costs that could apply to your colonoscopy. Ask your insurance provider if there are any costs not noted on this list.