



CASH PAY COSTS FOR COMMON PROCEDURES

Peak Surgical Center believes in being transparent in its pricing.

Our goal is to provide meaningful and reliable information to help you understand prices in advance of your procedure. We have put together the top outpatient procedure costs for self-pay individuals to give you an estimate of the expected pricing for commonly provided healthcare services at our surgery center.

Actual prices on the final surgery center bill may vary from this information based on the patient's medical condition, unknown circumstances or complications, final diagnosis and recommended treatment ordered by the provider(s). Please be advised that while the surgery center attempts to estimate the prices of outpatient care as accurately as possible, there may be significant variations between the prices listed and the actual price reflected on your final bill.

ORTHOPEDIC PROCEDURES

Procedure Code	Procedure Description	Cash Pay Price
25000	Incision, extensor tendon sheath, wrist (eg, de Quervains disease)	\$1,427.00
26055	Tendon sheath incision (eg, for trigger finger); single finger	\$1,427.00
26160	Excision of lesion of tendon sheath or joint capsule (eg, cyst, mucous cyst, or ganglion), hand or finger	\$1,427.00
26116	Excision, tumor, soft tissue, or vascular malformation, of hand or finger, subfascial; less than 1.5 cm	\$1,108.00
64721	Neuroplasty and/or transposition; median nerve at carpal tunnel	\$1,582.00
29848	Endoscopy, carpal tunnel release	\$1,427.00
26123 26125 (+)	Fasciectomy, partial palmar with release of single digit including proximal interphalangeal joint, with or without Z-plasty, other local tissue rearrangement, or skin grafting (includes obtaining graft) (additional costs for each (+) additional digit)	\$2,544.00
29876	Arthroscopy, knee, surgical; synovectomy, major, 2 or more compartments (eg, medial or lateral)	\$2,544.00
29880	Arthroscopy, knee, surgical; with meniscectomy (medial AND lateral, including any meniscal shaving) including debridement/shaving of articular cartilage (chondroplasty), same or separate compartment(s), when performed	\$2,544.00
29881	Arthroscopy, knee, surgical; with meniscectomy (medial OR lateral, including any meniscal shaving) including debridement/shaving of articular cartilage (chondroplasty), same or separate compartment(s), when performed	\$2,544.00
29827	Arthroscopy, shoulder, surgical; with rotator cuff repair (additional costs for implants and other supplies)	\$5,556.00
23410	Repair of ruptured musculotendinous cuff (eg, rotator cuff) open; acute (additional costs for implants and other supplies)	\$5,556.00
23412	Repair of ruptured musculotendinous cuff (eg, rotator cuff) open; chronic (additional costs for implants and other supplies)	\$5,556.00
C1713	Anchor/screw for opposing bone-to-bone or soft tissue-to-bone (implantable)	Cost +10%
C1762	Graftlink Allograft (ACL repairs and other procedures)	Cost +10%
Q4125	AFlex Dermal Allograft (rotator cuff, subscapular reconstruction, and other procedures)	Cost +10%

MULTIPLE PROCEDURE DISCOUNT METHODOLOGY

If the procedure scheduled to be performed is bilateral and/or involves multiple levels, the cash pay price will be figured in the following manner:

- First procedure/first unilateral level payable at 100% of the Cash Pay Price
- Second procedure/second bilateral side or additional level payable at 50% of the Cash Pay Price
- Third procedure (+) /all additional levels or procedures payable at 25% of the Cash Pay Price
- Implants and other supplies are payable at Cost + 10%

The pricing information provided in this notice is intended to give self-pay patients, who have scheduled services, an estimate of the prices and expected payment amounts for common outpatient care services at our surgery center. The pricing only covers the specific service listed and provided through the surgery center and does not include complicating factors or professional fees for services such as those provided by a physician, surgeon, pathologist, anesthesiologist, radiologist, nurse practitioner or other independent practitioners. Please contact those offices directly for price information associated with their care and service. The pricing does not include fees associated with implants, high-cost drugs or secondary procedures. The pricing is for self-pay patients who have pre-scheduled the service.

This pricing does not apply to patients who have health insurance coverage through Medicare, Medicaid, other government insurance programs or an insurance company. If a patient has health insurance, the patient's health insurance policy (including deductibles, co-pay, co-insurance and out-of-pocket maximums) will apply and the amount the patient owes for healthcare services will depend on the patient's insurance coverage.

If you are not covered by health insurance, please contact us at 720 501 3909 to discuss payment options prior to receiving healthcare services at our surgery center. Prices for healthcare services posted in this notice may not reflect the actual amount of your financial responsibility.

The pricing information is not a guarantee of insurance coverage or availability of services.

The surgery center reserves the right to update or change any price(s) at any time.

If you do not see the procedure or service you are looking for or wish to receive a customized estimate on a specific procedure, please contact us at 720 501 3909.