

## CASH PAY COSTS FOR COMMON PROCEDURES

Functional Neurosurgical Ambulatory Surgery 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.

| Procedure Code   | Procedure Description                                                                                                                                                                               | Cash Pay Price            |
|------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------|
| 61885 - 50       | Bilateral Deep Brain Stimulator Generator Implantation; Initial or Replacement (additional costs for implants and other supplies)                                                                   | \$33,600.00               |
| 61885            | Unilateral Deep Brain Stimulator Generator Implantation; Initial or Replacement (additional costs for implants and other supplies)                                                                  | \$16,800.00               |
| 61886            | Unilateral, "PC" Deep Brain Stimulator Generator Implantation; Initial or Replacement (additional costs for implants and other supplies)                                                            | \$28,000.00               |
| 63685            | Insertion or replacement of spinal neurostimulator pulse generator (additional costs for implants and other supplies)                                                                               | \$24,000.00               |
| 63650            | Percutaneous implantation of neurostimulator electrode array, each (additional costs for implants and other supplies)                                                                               | \$ 5,000.00<br>each array |
| 63655            | Laminectomy for implantation of neurostimulator electrodes, plate/paddle, epidural (additional costs for implants and other supplies)                                                               | \$15,500.00               |
| 63663            | Revision including replacement, when performed, of spinal neurostimulator electrode percutaneous array(s), including fluoroscopy, when performed (additional costs for implants and other supplies) | \$ 5,000.00<br>each array |
| L8680<br>(C1778) | Implantable neurostimulator electrode, each                                                                                                                                                         | Cost +10%                 |
| L8681<br>(C1787) | Patient programmer (external)for use with implantable programmable neurostimulator pulse generator, replacement only                                                                                | Cost +10%                 |
| L8686<br>(C1767) | Implantable neurostimulator pulse generator, single array, non-rechargeable, include extension                                                                                                      | Cost +10%                 |
| L8687<br>(C1820) | Implantable neurostimulator pulse generator, dual array, rechargeable, includes extension                                                                                                           | Cost +10%                 |
| L8688<br>(C1767) | Implantable neurostimulator pulse generator, dual array, non-rechargeable, includes extension                                                                                                       | Cost +10%                 |
| L8689<br>(C1820) | External recharging system for battery (internal) for use with implantable neurostimulator, replacement only                                                                                        | Cost +10%                 |
| C1883            | Adaptor/extension, pacing lead or neurostimulator lead, implantable                                                                                                                                 | 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 303 955 5555 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 303 955 5555.