

| <u>BARIATRIC PROCEDURES</u> | | | |
|---|-----------------------------------|---|-----------|
| | | | Cost |
| New Patient Consultation | | | |
| Total \$108-328 | New Patient Consultation | | \$314.50 |
| | Pre-operative Visit | Included with Consultation | \$0 |
| Laparoscopic Gastric Sleeve CPT 43775 | | | |
| Total \$16,961 | Physician Professional Fees | Post-Op Visits @ No Charge x 90 Days | \$1,581 |
| | Surgical Assist Professional Fees | Payable to B&B Surgical Assist | \$1,000 |
| | Facility Fee HonorHealth Shea | Payable to Hospital | \$12,780 |
| | Anesthesiology | Payable to Valley Anesthesia | \$1,500 |
| | Pathology Professional Fees | Payable to Scottsdale Pathology Consultants | \$100 |
| Laparoscopic Gastric Bypass CPT 43644 | | | |
| Total \$19,981 | Physician Professional Fees | Post-Op Visits @ No Charge x 90 Days | \$2,481 |
| | Surgical Assist Professional Fees | Payable to B&B Surgical Assist | \$1,500 |
| | Facility Fee HonorHealth Shea | Payable to Hospital | \$14,500 |
| | Anesthesiology | Payable to Valley Anesthesia | \$1,500 |
| <u>BARIATRIC REVISIONS</u> | | | |
| | | | Cost |
| Laparoscopic Gastric Band Removal Only CPT 43774 | | | |
| Total \$12,963 | Physician Professional Fees | Post-Op Visits @ No Charge x 90 Days | \$1,376 |
| | Surgical Assist Professional Fees | Payable to B&B Surgical Assist | \$1,000 |
| | Facility Fee HonorHealth Shea | Payable to Hospital | \$9,087 |
| | Anesthesiology | Payable to Valley Anesthesia | \$1,500 |
| Laparoscopic Sleeve to Bypass Revision CPT 43644-22 | | | |
| Total \$19,202 | Physician Professional Fees | Post-Op Visits @ No Charge x 90 Days | \$3,102 |
| | Surgical Assist Professional Fees | Payable to B&B Surgical Assist | \$1,000 |
| | Facility Fee HonorHealth Shea | Payable to Hospital | \$ 14,500 |
| | Anesthesiology | Payable to Valley Anesthesia | \$1,500 |
| Laparoscopic Band Removal to Laparoscopic Gastric Sleeve CPT 43774 and 43775 | | | |
| Total \$19,737 | Physician Professional Fees | Post-Op Visits @ No Charge x 90 Days | \$2,957 |
| | Surgical Assist Professional Fees | Payable to B&B Surgical Assist | \$1,500 |
| | Facility Fee HonorHealth Shea | Payable to Hospital | \$13,780 |
| | Anesthesiology | Payable to Valley Anesthesia | \$1,500 |
| Laparoscopic Band Removal to Laparoscopic Gastric Bypass CPT 43774 and 43644 | | | |
| Total \$22,857 | Physician Professional Fees | Post-Op Visits @ No Charge x 90 Days | \$3,857 |
| | Surgical Assist Professional Fees | Payable to B&B Surgical Assist | \$2,000 |
| | Facility Fee HonorHealth Shea | Payable to Hospital | \$15,500 |
| | Anesthesiology | Payable to Valley Anesthesia | \$1,500 |
| <u>OTHER SERVICES</u> | | | |
| | | | |

Additional Procedure(s) Only if Deemed Medically Necessary- Billed Postoperatively

The need for an additional surgical procedure cannot always be predicted prior to surgery. Some examples are Hernia Repair, Liver Biopsy, Removal of Gallbladder, Revisions, etc. These are billed separately and due upon receipt of the invoice.

INITIALS: _____

I _____ have agreed to the stated fees and wish to move ahead with consultation. **Payment of Bariatric package(s):** 50% up front to reserve a surgery date. The balance will be due in full by your pre-operative visit.

Patient/Guarantor Signature: _____

Date: _____