108 E. 90th Drive – Merrillville, IN 46410 Phone: (219) 795-1801 Fax (219) 795-1802

2016 CASH FEE SCHEDULE- INCLUDES Radiologist fees

MRI MRA MRI MRI MRI MRA	no contrast no contrast without & with IV contrast (EXCEPT LIVER SCAN) without & with Eovist 10 ml IV contrast for liver scan without & with Eovist 15 ml IV contrast for liver scan without & with IV contrast	\$425.00 \$425.00 \$475.00 \$625.00 \$700.00 \$475.00
CT CT CT CT CT	no contrast or oral contrast only (EXCEPT A&P SCAN) with or without & with IV contrast (EXCEPT A&P SCAN) Abdomen and pelvis- no contrast or oral contrast only Abdomen and pelvis- without & with IV contrast Enterography with oral and IV contrast	\$225.00 \$275.00 \$325.00 \$375.00 \$700.00
X-rays X-rays Screening orbits prior to MRI scan		\$ 50.00 \$ 25.00

WE ACCEPT MEDICAID, MEDICARE & WORKERS COMPENSATION PATIENTS ALONG WITH MOST COMMERCIAL PAYERS.

All imaging studies <u>include</u> the radiologist's fee and one free disc copy of images.

Patients must have valid physician's order and pay 100% of charge(s) at time of service. We accept cash, check, credit card (including HSA / HRA cards) and Care Credit.

Please contact our office at (219) 795-1801, if you have any questions. Orders should be faxed to 219-795-1802. We look forward to providing imaging services for your patients.

IF PATIENT HAS INSURANCE BUT CHOOSES THE ABOVE CASH FEE OPTION - INSTRUCT PATIENT NOT TO PROVIDE INSURANCE CARD OR INSURANCE INFORMATION TO AVOID PATIENT'S INSURANCE BEING BILLED