

Understanding my AdventHealth Estimate

Visit Estimate

ENDOSCOPIC ULTRASOUND (UPPER) on July 2, 2024

Reference #8888888888888888 2

Prepared on 7/30/2025

1 CPT® 43242

4 Sample Patient
123 Main Street
Orlando FL 32808-4723 Date of Birth 01/01/2001 MRN 999999999

3 Insurance Coverage
Sample Insurance Company PPO

Summary

This section contains a summary of the estimated cost for Sample Patient's upcoming visit on 7/2/2024. 6

5	You Pay 225.00	Copay 225.00
6	Details	
	Hospital Fees 1,839.22	
	Fees historically vary from 1,670.18 to 5,025.83	
	Insurance Pays -1,614.22	
	You Pay 225.00	

7 **Diagnosis:** K31.89 - Other diseases of stomach and duodenum

Charge Detail

This section contains the expected charges used to calculate your estimate. This is a good faith estimate based on similar past visits and the information we currently have available. It also includes facility-specific fees which help cover the cost of operating and maintaining the hospital or outpatient facility. These facility fees may vary if you choose to receive these services at a different facility or in another health care setting.

8 **AdventHealth Orlando - Hospital Charge Detail**

8	601 East Rollins St, Orlando FL 32803-1248	Tax ID: 590724459 9
Code	Description	Amount
43242	Egd Intrmural Needle Aspir/Biop Altered Anatomy Insurance Covers (based on 1,839.22 allowed amount)	24,028.64 -23,803.64
Your responsibility for charges billed by AdventHealth Orlando		225.00 10

Additional Information

11 We understand that navigating health care decisions can feel overwhelming, especially when it comes to costs, insurance and payment options. We're here to make it easier. AdventHealth offers flexible payment options and financial assistance for qualifying patients. Visit FinancialHelp.AdventHealth.com to view our policy and/or apply. 11

This estimate is for AdventHealth services only. You may have independent providers, such as radiologists, anesthesiologists or pathologists participate in your care. To get an estimate for the independent providers, contact them directly. A list of these providers can be found at <https://www.adventhealth.com/pay-my-bill/additional-bill-types>. 12

- 1 Charge description and CPT/DRG used for estimate.
- 2 Unique reference # for questions and date estimate was prepared on.
- 3 Coverage used for visit or self-pay if patient does not have coverage.
- 4 Patient demographics including name, address, date of birth and Medical Record Number (MRN). Your MRN is unique to you and remains the same through AdventHealth visits.
- 5 Snapshot of patient responsibility.
- 6 Patient's Date of Service (DOS)
- 7 Current Diagnosis on account (will not be on ED estimates)
- 8 Place of service
- 9 Facility Tax ID Number (TIN) NPI is currently missing but will be fixed by the time we go live
- 10 Patient responsibility after insurance contracted rate or self-pay discounts have been applied.
- 11 Information on Financial Assistance
- 12 Information on receiving estimates from non-AdventHealth providers.