

Below are the most commonly performed procedures. For information on procedures not listed please contact us at 970-249-6842.

Procedure Description	Price	CPT
Gastroenterology		
COLONOSCOPY WITH BIOPSY	\$981.42	45380
COLONOSCOPY	\$744.12	45378
UPPER GASTROINTESTINAL ENDOSCOPY	\$779.24	43239
Orthopedics		
KNEE ARTHROSCOPY WITH MENISCECTOMY, MEDIAL OR LATERAL	\$2,575.18	29881
KNEE ARTHROSCOPY WITH MENISCECTOMY, MEDIAL AND LATERAL	\$2,575.18	29880
ARTHROSCOPIC CARPAL TUNNEL RELEASE	\$1,484.02	29848
CARPAL TUNNEL RELEASE	\$1,580.24	64721
TRIGGER FINGER RELEASE	\$1,484.02	26055
ACL RECONSTRUCTION	\$5 <i>,</i> 475.40	29888
ARTHROSCOPIC SHOULDER DECOMPRESSION	\$4,202.00	29826
ARTHROSCOPIC SHOULDER DEBRIDEMENT	\$2,575.18	29823
ARTHROSCOPIC DISTAL CLAVICULECTOMY RESECTION	\$2,575.18	29824
ROTATOR CUFF REPAIR	\$5,475.40	23412
REMOVAL OF IMPLANT	\$2,138.30	20680
REPAIR OF CLAVICULAR FRACTURE	\$5,475.40	23515
REPAIR OF DISTAL RADIAL FRACTURE	\$7,473.46	25608
CMC ARTHROPLASTY (CARPOMETACARPAL)	\$2,575.18	25447
RESECTION OR TRANSPLANTATION OF LONG TENDON OF BICEP	\$2,575.18	23440
HAND OR FINGER TENDON LESION OR CYST EXCISION	\$1,484.02	26160
Dain Managament		
Pain Management	4	
EPIDURAL INJECTION; LUMBAR OR SACRAL FACET/MEDIAN BRANCH BLOCK	\$691.02	64493
EPIDURAL INJECTION; THORACIC OR CERVICAL FACET/MEDIAN BRANCH BLOCK	\$704.52	64490
EPIDURAL INJECTION; SACROILIAC JOINT	\$569.52	27096
EPIDURAL INJECTION; MAJOR JOINT OF SHOULDER, HIP, KNEE JOINT	\$58.66	20610
PAIN BLOCK	\$133.28	64447

Podiatry

HAMMERTOE CORRECTION	\$2,575.18	28285
Ophthalmology CATARACT REMOVAL	\$1,995.80	66984
General Surgery		
INGUINAL HERNIA REPAIR	\$2,681.18	49505
LAPAROSCOPIC CHOLECYSTECTOMY	\$4,219.36	47562

^{*} The price for any given health care service is an estimate and the actual charges are dependent on the circumstances at the time the service is rendered.

^{*} If you are covered by health insurance, you are strongly encouraged to consult with your health insurer to determine accurate information about your financial responsibility for a particular health care service provided by a health care provider at this office. If you are not covered by health insurance, you are strongly encouraged to contact our billing office at 970-249-6842 to discuss payment options prior to receiving a health care service from a health care provider at this office since posted health care prices may not reflect the actual amount of your financial responsibility.

^{*} These prices are for the facility fee only. The facility fees do not include laboratory, pathology, surgeon, or anesthesia fees. You will be billed separately for these fees. For anesthesia charges contact San Juan Anesthesia at 800-874-3380. For the surgeon's fee please contact your surgeon's office directly.

^{*} Prices are based on 2017 rates and are subject to change.