

RMI Self-Pay Option

Diagnostic Imaging



**Have a high deductible or no insurance at all?
Here are our affordable pricing options.***

Nuclear Medicine

Description	TOS Charge
SPOT BONE SCAN	\$265
3 PHASE BONE SCAN	\$471
TOTAL BODY BONE SCAN	\$354
HIDA SCAN	\$621
MUGA SCAN	\$314
PARATHYROID IMAGING	\$468
SPECT PARATHYROID	\$509
THYROID UPTAKE\SCAN SINGLE DETERM	\$364

CT

CT ABDOMEN W CONTRAST	\$299
CT ABDOMEN WO CONTRAST	\$181
CT ABDOMEN WO/W CONTRAST	\$337
CT ABD AND PELVIS WO CONTRAST	\$242
CT ABD AND PELVIS W CONTRAST	\$397
CT ABD AND PEL WO AND W CONTRAST	\$446
CT CERVICAL SPINE WO CONTRAST	\$189
CT CHEST W CONTRAST	\$291
CT CHEST WO CONTRAST	\$210
CT ENTEROGRAPHY	\$397
CT FACE/SINUS WITHOUT CONTRAST	\$189
CT HEAD/BRAIN WO CONTRAST	\$167
CT HEAD/BRAIN WO/W CONTRAST	\$253
CT LOWER EXTREMITY WO CONTRAST	\$210
CT LUMBAR SPINE WO CONTRAST	\$189
CT NECK W CONTRAST	\$289
CT NECK WO/W CONTRAST	\$315
CT PELVIS W CONTRAST	\$310
CT PELVIS WO CONTRAST	\$176
CT PELVIS WO/W CONTRAST	\$334
CT UPPER EXTREMITY WO CONTRAST	\$209
CTA CHEST W/WO	\$424
CT LUNG SCREENING	\$215

Ultrasound

US ABD SINGLE ORGAN (GB ETC)	\$114
ABDOMEN COMPLETE	\$149
US EXTREMITY NONVASCULAR COMPLETE	\$141
US EXTREMITY NONVASCULAR LIMITED	\$45
US KIDNEY\AORTA	\$137
US OB <14 WEEKS	\$151
US OB =>14 WEEKS	\$173
US PELVIC	\$133
US PROSTATE	\$114
US SCROTUM	\$82
US SOFT TISSUE NECK/THYROID	\$141
US TRANSVAG PELVIC	\$148

Breast

DIGITAL MAMM SCREENING	\$142
DIGITAL MAMM DIAGNOSTIC	\$207
DIGITAL MAMM UNILATERAL	\$166
US BREAST UNILATERAL COMPLETE	\$129
US BREAST UNILATERAL TARGETED	\$108
MR BREAST BILATERAL W/WO CONTRAST	\$703
MRI BREAST SCREENING	\$395

MRI

Description	TOS Charge
MR ABD OR ADRENAL GLANDS W/WO CONT	\$629
MR ABD OR ADRENAL GLANDS WO CONT	\$369
MR BRAIN IAC OR PITUITARY W/WO CO	\$595
MR BRAIN IAC OR PITUITARY WO CONT	\$383
MR CERVICAL W/O CONTRAST	\$363
MR CERVICAL W/WO CONTRAST	\$639
MR CHEST W/O CONTRAST	\$465
MR LOW EXT W/O CONTRAST	\$379
MR LOW EXT W/WO CONTRAST	\$599
MR LOW JOINT W/O CONTRAST	\$284
MR LOW JOINT W/WO CONTRAST	\$579
MR LUMBAR W/O CONTRAST	\$358
MR LUMBAR W/WO CONTRAST	\$644
MR ORB FC NK W/WO CONTRAST	\$640
MR PELVIS W/WO CONTRAST	\$660
MR THORACIC W/O CONTRAST	\$363
MR THORACIC W/WO CONTRAST	\$619
MR UP EXT W/O CONTRAST	\$379
MR UP EXT W/WO CONTRAST	\$589
MR UP JNT W/O CONTRAST	\$284
MR UP JNT W/WO CONTRAST	\$579
MRA ABDOMEN	\$534
MRA HEAD W/O CONTRAST	\$419

Dopplers

PERIPHERAL VENOUS DOPPLER BILATERAL	\$234
PERIPHERAL VENOUS DOPPLER UNILATERAL	\$147
PRESSURE MEASUREMENT DOPPLER	\$168
PERIPHERAL ARTERIAL LOWER EXT UNIL	\$186
PERIPHERAL ARTERIAL LOWER EXT BILAT	\$283
DOPP ABD, PEL, SCROTAL LIMITED	\$201
CAROTID DOPPLER BILATERAL	\$240

Diagnostic Testing

ABDOMEN 1 VIEW	\$34
ABDOMEN COMPLETE	\$50
ANKLE COMPLETE	\$43
BARIUM ENEMA AIR CONTRAST	\$204
BONE AGE	\$33
BONE SURVEY AGE LIMITED	\$77
CALCANEUS MINIMUM 2 VIEWS	\$38
CERVICAL 2 OR 3 VIEWS	\$45
CERVICAL MULTIPLE VIEWS	\$71
CHEST 1 VIEW	\$33
CHEST 2 VIEWS	\$40
CHEST 4 VIEWS	\$55
CHEST SPECIAL VIEW	\$45
CLAVICLE COMPLETE	\$39
DEXA HIPS PELVIS SPINE	\$58
ELBOW COMPLETE	\$43
ESOPHOGRAM	\$107
FACIAL BONES	\$52
FINGER(S) MINIMUM 2 VIEWS	\$43

***Cashpay at time of service only**

Time of Service pricing is available only to patients without insurance or to those who have "inpatient only" insurance. This is a list of the most commonly used procedures; however, RMI does offer time of Service pricing on ALL services. Prices are subject to change without notification. Both the Time of Service and full charge include the radiologist reading fee. Time of service discounts are only good on the date of service when paid in full. Effective 3/2016.

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Diagnostic Testing, cont.

Description	TOS Charge
FOOT COMPLETE	\$41
FOREARM 2 VIEWS	\$37
FOREIGN BODY SCREENING EYE	\$39
HAND MINIMUM 3 VIEWS	\$42
HIP UNILATERAL 1 VIEW	\$28
HIP UNILATERAL 2-3 VIEWS	\$39
HIP UNILATERAL 4 VIEWS	\$49
HIP BILATERAL 2 VIEWS	\$38
HIP UNILATERAL 3-4 VIEWS	\$46
HUMERUS MINIMUM 2 VIEWS	\$33
HYSTEOSALPINGOGRAPHY RAD S&I	\$235
KNEE COMPLETE	\$53
LUMBOSACRAL 2 OR 3 VIEWS	\$45
LUMBOSACRAL 4 VIEWS	\$59
LUMBOSACRAL COMPLETE W/ BENDING VIEW	\$75
NASAL BONES	\$43
PELVIS 1-2 VIEWS OR POSTURAL STU	\$39
RIBS BILATERAL	\$50
RIBS UNILATERAL 2 VIEWS	\$42
RIBS UNIL W PA CHEST MIN 3 VIEWS	\$49
SACROILIAC JOINTS	\$44
SACRUM AND COCCYX	\$39
SHOULDER COMPLETE	\$41
SI JOINTS < 3 VIEWS	\$39
SINUSES MIN 3 VIEWS	\$48
SKULL MIN 4 VIEWS	\$56
SMALL BOWEL SERIES	\$125
THORACIC SPINE 2 VIEWS	\$43
THORACIC SPINE 3 VIEWS	\$46
TIBIA/FIBULA 2 VIEWS	\$37
TOE(S) MINIMUM 2 VIEWS	\$40
UPPER GI AIR WITH KUB	\$167
UPPER GI AIR WITH SMALL BOWEL	\$221
WRIST COMPLETE	\$47

PET/CT

Description	TOS Charge
PET BRAIN METABOLISM	\$1,960
PET CT SKULL BASE TO MIDTHIGH	\$1,880
PET CT WHOLE BODY	\$1,881
PET TUMOR LIMITED	\$1,866

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REGIONAL MEDICAL IMAGING
rmipc.net
(810) 732-1919



RMI Self-Pay Option

Interventional Services

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Interventional Radiology Pain & Back

Description	TOS Charge
INJ DX SUBSTANCE CERVICAL OR THORACIC (EPIDURAL) FLURO GUIDANCE NEEDLE SPINE KENALOG 10MG PER UNIT	\$433
INJ DX SUBSTANCE LUMBAR SPINE (EPIDURAL) FLURO GUIDANCE NEEDLE SPINE KENALOG 10MG PER UNIT	\$409
LUMBAR PUNCTURE	\$198
VERTEBROPLASTY THORACIC CT THORACIC SPINE W CONTRAST	\$2,591
ADDITIONAL VERTEBRAL BODY	\$1,449
VERTEBROPLASTY LUMBAR CT LUMBAR SPINE W CONTRAST	\$2,590

Interventional Radiology

PORTOGRAM	\$135
PERMACATH INSERTION FLURO GUIDANCE CENTRAL VEN DEV US GUIDANCE VASCULAR ACCESS	\$1,081
PERMACATH REMOVAL	\$205
MEDIPOINT INSERTION (CHEST) FLURO GUIDANCE CENTRAL VEN DEV US GUIDANCE VASCULAR ACCESS	\$1,561
ARMPORT/PASSPORT INSERTION FLURO GUIDANCE CENTRAL VEN DEV US GUIDANCE VASCULAR ACCESS	\$1,719
MEDIPOINT REMOVAL	\$363
PICC INSERTION FLURO GUIDANCE CENTRAL VEN DEV	\$391
PARACENTESIS ABDOMINAL W IMAGING	\$358
STEROID INJ HIP/KNEE/SHOULDER FLURO GUIDANCE NEEDLE INJECTION CELESTONE INJECTION	\$205
SHOULDER ARTHROGRAM INJECTION FLURO GUIDANCE NEEDLE PLACEMENT CELESTONE INJECTION	\$302

Breast Biopsy Codes & Aspirations

Description	TOS Charge
Biopsy fees below are ESTIMATED based on typical biopsy services provided at RMI. Fees may differ based on the care recommended by your physician and the RMI radiologist.	
US GUIDANCE ASPIRATION (1 SITE) ASPIR BREAST CYST DIGITAL MAMM UNILATERAL	\$367
ADDITIONAL CYSTS (EACH ONE)	\$40
STEREOTACTIC BREAST BIOPSY	\$822
STEREO ADDITIONAL LESION	\$674
ULTRASOUND GUIDED BREAST BIOPSY DIGITAL MAMM UNILATERAL	\$897
ULTRASOUND ADDITIONAL LESION	\$649
MR GUIDED BREAST BIOPSY + GAD DIGITAL MAMM UNILATERAL	\$1,433
MR GUIDED ADDITIONAL LESION	\$992
US GUIDANCE FNA THYROID	\$330
CRYOABLATION W US GUIDANCE	\$2,855

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