RMI Self-Pay Option Diagnostic Imaging REGIONAL MEDICAL IMAGING

Have a high deductable or no insurance at all?

Here are our affordable pricing options.*

Nuclear Medicine	
Description	TOS
SPOT BONE SCAN	Charge ^{\$} 272
3 PHASE BONE SCAN	\$345
TOTAL BODY BONE SCAN	\$354
HIDA SCAN	\$707
MUGA SCAN	^{\$} 304
PARATHYROID IMAGING	^{\$} 507
SPECT PARATHYROID	^{\$} 574
THYROID UPTAKE\SCAN SINGLE DETERM	\$385
СТ	
CT ABDOMEN W CONTRAST	^s 299
CT ABDOMEN WO CONTRAST	^{\$} 172
CT ABDOMEN WO/W CONTRAST	\$335
CT ABD AND PELVIS WO CONTRAST	^{\$} 231
CT ABD AND PELVIS W CONTRAST	\$391
CT ABD AND PEL WO AND W CONTRAST	^{\$} 439
CT CERVICAL SPINE WO CONTRAST	^{\$} 189
CT CHEST W CONTRAST	^{\$} 297
CT CHEST WO CONTRAST	^{\$} 186
CT ENTEROGRAPHY	\$391
CT FACE/SINUS WITHOUT CONTRAST	^{\$} 159
CT HEAD/BRAIN WO CONTRAST	\$133
CT HEAD/BRAIN WO/W CONTRAST	^{\$} 255
CT LOWER EXTREMITY WO CONTRAST	^{\$} 185
CT LUMBAR SPINE WO CONTRAST	\$185
CT NECK W CONTRAST	^{\$} 304
CT NECK WO/W CONTRAST	\$352
CT PELVIS W CONTRAST	^{\$} 293
CT PELVIS WO CONTRAST	^{\$} 293
CT PELVIS WO/W CONTRAST	\$331
CT UPPER EXTREMITY WO CONTRAST	^{\$} 185
CTA CHEST W/WO	^{\$} 379
CCTA CORONARY ARTERIES	^{\$} 435
CT LUNG SCREENING	^{\$} 287
Ultrasound	
US ABD SINGLE ORGAN (GB ETC)	^{\$} 105
ABDOMEN COMPLETE	^{\$} 141
US EXTREMITY NONVASCULAR COMPLETE	^{\$} 135
US EXTREMITY NONVASCULAR LIMITED	^{\$} 42
US KIDNEY\AORTA	^{\$} 130
US OB <14 WEEKS	^{\$} 143
US OB =>14 WEEKS	^{\$} 164
US PELVIC	^{\$} 127
	^{\$} 109
US PROSTATE	
US PROSTATE US SCROTUM	^{\$} 79
US SCROTUM	^{\$} 79 ^{\$} 133
US SCROTUM US SOFT TISSUE NECK/THYROID	^s 133
US SCROTUM US SOFT TISSUE NECK/THYROID US TRANSVAG PELVIC Breast	⁵ 133 ⁵ 140
US SCROTUM US SOFT TISSUE NECK/THYROID US TRANSVAG PELVIC Breast DIGITAL MAMM SCREENING	\$133 \$140 \$125
US SCROTUM US SOFT TISSUE NECK/THYROID US TRANSVAG PELVIC Breast DIGITAL MAMM SCREENING DIGITAL MAMM DIAGNOSTIC	\$133 \$140 \$125 \$193
US SCROTUM US SOFT TISSUE NECK/THYROID US TRANSVAG PELVIC Breast DIGITAL MAMM SCREENING DIGITAL MAMM DIAGNOSTIC DIGITAL MAMM UNILATERAL	⁵ 133 ⁵ 140 ⁵ 125 ⁵ 193 ⁵ 152
US SCROTUM US SOFT TISSUE NECK/THYROID US TRANSVAG PELVIC DIGITAL MAMM SCREENING DIGITAL MAMM DIAGNOSTIC DIGITAL MAMM UNILATERAL US BREAST UNILATERAL COMPLETE	⁵ 133 ⁵ 140 ⁵ 125 ⁵ 193 ⁵ 152 ⁵ 124
US SCROTUM US SOFT TISSUE NECK/THYROID US TRANSVAG PELVIC DIGITAL MAMM SCREENING DIGITAL MAMM DIAGNOSTIC DIGITAL MAMM UNILATERAL US BREAST UNILATERAL COMPLETE US BREAST UNILATERAL LIMITED	⁵ 133 ⁵ 140 ⁵ 125 ⁵ 193 ⁵ 152 ⁵ 152 ⁵ 124 ⁵ 102
US SCROTUM US SOFT TISSUE NECK/THYROID US TRANSVAG PELVIC DIGITAL MAMM SCREENING DIGITAL MAMM DIAGNOSTIC DIGITAL MAMM UNILATERAL US BREAST UNILATERAL COMPLETE	⁵ 133 ⁵ 140 ⁵ 125 ⁵ 193 ⁵ 152 ⁵ 124

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 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, lime of service discounts are only good on the date of service when paid in full. Effective 7/2017. *Cashpay at time of service only

Lennon Rd, Flint 💻 Villa Linde Pkwy, Flint 💻 Fenton 💻 Grand Blanc 💻 Davison 💻 Lapeer 💻 Novi 💻 Royal Oak

RMI Self-Pay Option

Diagnostic Imaging

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

DescriptionTOS ChargeFOOT COMPLETE\$33FOREARM 2 VIEWS\$30FOREIGN BODY SCREENING EYE\$32HAND MINIMUM 3 VIEWS\$33HIP UNILATERAL 1 VIEW\$34HIP UNILATERAL 2-3 VIEWS\$47HIP UNILATERAL 2-3 VIEWS\$47HIP UNILATERAL 2-3 VIEWS\$45HIP BILATERAL 2-4 VIEWS\$56HUMERUS MINIMUM 2 VIEWS\$56HUMERUS MINIMUM 2 VIEWS\$33HYSTEROSALPINGOGRAPHY RAD S&I\$222KNEE COMPLETE\$445LUMBOSACRAL 2 OR 3 VIEWS\$40LUMBOSACRAL 2 OR 3 VIEWS\$56LUMBOSACRAL 4 VIEWS\$56LUMBOSACRAL 2 OR 9 OSTURIAL STU\$36RIBS BILATERAL\$43RIBS UNILATERAL 2 VIEWS\$38SACRUM AND COCCYX\$32SHOULDER COMPLETE\$33SKULL MIN 4 VIEWS\$42SACRUM AND COCCYX\$32SINULSES MIN 3 VIEWS\$43SKULL MIN 4 VIEWS\$52SMALL BOWEL SERIES\$118THORACIC SPINE 2 VIEWS\$33TOE(S) MINIMUM 2 VIEWS\$32SINULBER COMPLETE\$33TOE(S) MINIMUM 2 VIEWS\$32UPPER GI AIR WITH KUB\$161UPPER GI AIR WITH KUB\$161UPPER GI AIR WITH SMALL BOWEL\$209UNDER COMPLETE\$209	Diagnostic Testing, cont.	
FOREARM 2 VIEWS530FOREIGN BODY SCREENING EYE\$32HAND MINIMUM 3 VIEWS\$35HIP UNILATERAL 1 VIEW\$34HIP UNILATERAL 2-3 VIEWS\$47HIP UNILATERAL 2-3 VIEWS\$47HIP UNILATERAL 2-3 VIEWS\$45HIP BILATERAL 2 VIEWS\$59HIP BILATERAL 2 VIEWS\$56HUMERUS MINIMUM 2 VIEWS\$33HYSTEROSALPINGOGRAPHY RAD S&I\$2222KNEE COMPLETE\$45LUMBOSACRAL 2 OR 3 VIEWS\$40LUMBOSACRAL 2 OR 3 VIEWS\$56LUMBOSACRAL 4 VIEWS\$56LUMBOSACRAL 2 OR 3 VIEWS\$66RIBS BILATERAL\$43RIBS UNILATERAL 2 VIEWS OR POSTURIAL STU\$36RIBS UNILATERAL 2 VIEWS\$38RIBS UNILATERAL 2 VIEWS\$38SACRUM AND COCCYX\$32SHOULDER COMPLETE\$33SI JOINTS \$32SINUSES MIN 3 VIEWS\$42SACRUM AND COCCYX\$32SINUSES MIN 3 VIEWS\$43SKULL MIN 4 VIEWS\$52SMALL BOWEL SERIES\$118THORACIC SPINE 2 VIEWS\$39THORACIC SPINE 2 VIEWS\$33TOE(S) MINIMUM 2 VIEWS\$32UPPER GI AIR WITH KUB\$161UPPER GI AIR WITH SMALL BOWEL\$209	Description	
FORELGIN BODY SCREENING EYE532FOREIGN BODY SCREENING EYE\$35HIP UNILATERAL 1 VIEWS\$34HIP UNILATERAL 2-3 VIEWS\$47HIP UNILATERAL 2-3 VIEWS\$47HIP UNILATERAL 2-4 VIEWS\$59HIP BILATERAL 2-4 VIEWS\$45HIP BILATERAL 2-4 VIEWS\$56HUMERUS MINIMUM 2 VIEWS\$33HYSTEROSALPINGOGRAPHY RAD S&I\$2222KNEE COMPLETE\$45LUMBOSACRAL 2 OR 3 VIEWS\$40LUMBOSACRAL 2 OR 3 VIEWS\$40LUMBOSACRAL COMPLETE W/ BENDING VIEW\$71NASAL BONES\$37PELVIS 1-2 VIEWS OR POSTURIAL STU\$36RIBS BILATERAL\$43RIBS UNILATERAL 2 VIEWS\$38RIBS UNILATERAL 2 VIEWS\$38SACRUM AND COCCYX\$32SHOULDER COMPLETE\$33SI JOINTS < 3 VIEWS	FOOT COMPLETE	\$33
HAND MINIMUM 3 VIEWS535HIP UNILATERAL 1 VIEW\$34HIP UNILATERAL 2-3 VIEWS\$47HIP UNILATERAL 2-3 VIEWS\$47HIP UNILATERAL 4 VIEWS\$59HIP BILATERAL 2 VIEWS\$45HIP BILATERAL 2 VIEWS\$56HUMERUS MINIMUM 2 VIEWS\$33HYSTEROSALPINGOGRAPHY RAD S&I\$2222KNEE COMPLETE\$45LUMBOSACRAL 2 OR 3 VIEWS\$40LUMBOSACRAL 2 OR 3 VIEWS\$40LUMBOSACRAL 2 OR 3 VIEWS\$56LUMBOSACRAL COMPLETE W/ BENDING VIEW\$71NASAL BONES\$37PELVIS 1-2 VIEWS OR POSTURIAL STU\$36RIBS BILATERAL\$43RIBS UNILATERAL 2 VIEWS\$38RIBS UNILATERAL 2 VIEWS\$38SACROULIAC JOINTS\$38SACRUM AND COCCYX\$32SINULER COMPLETE\$33SI JOINTS < 3 VIEWS	FOREARM 2 VIEWS	^{\$} 30
HIP UNILATERAL 1 VIEW53HIP UNILATERAL 2-3 VIEWS\$47HIP UNILATERAL 2-3 VIEWS\$59HIP BILATERAL 2 VIEWS\$45HIP BILATERAL 2-4 VIEWS\$56HUMERUS MINIMUM 2 VIEWS\$33HYSTEROSALPINGOGRAPHY RAD S&I\$222KNEE COMPLETE\$45LUMBOSACRAL 2 OR 3 VIEWS\$40LUMBOSACRAL 2 OR 3 VIEWS\$40LUMBOSACRAL 2 OR 3 VIEWS\$40LUMBOSACRAL 2 OR 3 VIEWS\$40LUMBOSACRAL COMPLETE W/ BENDING VIEW\$71NASAL BONES\$37PELVIS 1-2 VIEWS OR POSTURIAL STU\$36RIBS BILATERAL\$43RIBS UNILATERAL 2 VIEWS\$38RIBS UNILATERAL 2 VIEWS\$38SACRUM AND COCCYX\$32SHOULDER COMPLETE\$33SI JOINTS < 3 VIEWS	FOREIGN BODY SCREENING EYE	^{\$} 32
HIP UNILATERAL 2-3 VIEWS547HIP UNILATERAL 2 VIEWS\$59HIP BILATERAL 2 VIEWS\$45HIP BILATERAL 3-4 VIEWS\$56HUMERUS MINIMUM 2 VIEWS\$33HYSTEROSALPINGOGRAPHY RAD S&I\$222KNEE COMPLETE\$45LUMBOSACRAL 2 OR 3 VIEWS\$40LUMBOSACRAL 2 OR 3 VIEWS\$40LUMBOSACRAL 4 VIEWS\$56LUMBOSACRAL COMPLETE W/ BENDING VIEW\$71NASAL BONES\$37PELVIS 1-2 VIEWS OR POSTURIAL STU\$36RIBS BILATERAL\$43RIBS UNILATERAL 2 VIEWS\$38RIBS UNILATERAL 2 VIEWS\$38SACRUM AND COCCYX\$32SHOULDER COMPLETE\$33SI JOINTS < 3 VIEWS	HAND MINIMUM 3 VIEWS	\$35
HIP UNILATERAL 4 VIEWS59HIP BILATERAL 2 VIEWS\$45HIP BILATERAL 3-4 VIEWS\$56HUMERUS MINIMUM 2 VIEWS\$33HYSTEROSALPINGOGRAPHY RAD S&I\$222KNEE COMPLETE\$45LUMBOSACRAL 2 OR 3 VIEWS\$40LUMBOSACRAL 2 OR 3 VIEWS\$40LUMBOSACRAL 4 VIEWS\$56LUMBOSACRAL COMPLETE W/ BENDING VIEW\$71NASAL BONES\$37PELVIS 1-2 VIEWS OR POSTURIAL STU\$36RIBS BILATERAL\$43RIBS UNILATERAL 2 VIEWS\$38RIBS UNIL W PA CHEST MIN 3 VIEWS\$42SACROILIAC JOINTS\$38SACRUM AND COCCYX\$32SINULDER COMPLETE\$33SI JOINTS < 3 VIEWS	HIP UNILATERAL 1 VIEW	^{\$} 34
HIP BILATERAL 2 VIEWS\$45HIP BILATERAL 2 VIEWS\$56HUMERUS MINIMUM 2 VIEWS\$33HYSTEROSALPINGOGRAPHY RAD S&I\$222KNEE COMPLETE\$45LUMBOSACRAL 2 OR 3 VIEWS\$40LUMBOSACRAL 2 OR 3 VIEWS\$40LUMBOSACRAL 4 VIEWS\$56LUMBOSACRAL COMPLETE W/ BENDING VIEW\$71NASAL BONES\$37PELVIS 1-2 VIEWS OR POSTURIAL STU\$36RIBS BILATERAL\$43RIBS UNILATERAL 2 VIEWS\$38RIBS UNILATERAL 2 VIEWS\$38SACROILIAC JOINTS\$38SACRUM AND COCCYX\$32SHOULDER COMPLETE\$33SI JOINTS < 3 VIEWS	HIP UNILATERAL 2-3 VIEWS	^{\$} 47
HIP BILATERAL 3-4 VIEWS56HUMERUS MINIMUM 2 VIEWS\$33HYSTEROSALPINGOGRAPHY RAD S&I\$222KNEE COMPLETE\$45LUMBOSACRAL 2 OR 3 VIEWS\$40LUMBOSACRAL 2 OR 3 VIEWS\$40LUMBOSACRAL 4 VIEWS\$56LUMBOSACRAL COMPLETE W/ BENDING VIEW\$71NASAL BONES\$37PELVIS 1-2 VIEWS OR POSTURIAL STU\$36RIBS BILATERAL\$43RIBS UNILATERAL 2 VIEWS\$38RIBS UNILATERAL 2 VIEWS\$38SACROILIAC JOINTS\$38SACRUM AND COCCYX\$32SHOULDER COMPLETE\$33SI JOINTS < 3 VIEWS	HIP UNILATERAL 4 VIEWS	^{\$} 59
HUMERUS MINIMUM 2 VIEWS\$33HVSTEROSALPINGOGRAPHY RAD S&I\$222KNEE COMPLETE\$45LUMBOSACRAL 2 OR 3 VIEWS\$40LUMBOSACRAL 4 VIEWS\$56LUMBOSACRAL COMPLETE W/ BENDING VIEW\$71NASAL BONES\$37PELVIS 1-2 VIEWS OR POSTURIAL STU\$36RIBS BILATERAL\$43RIBS UNILATERAL 2 VIEWS\$38RIBS UNILATERAL 2 VIEWS\$38SACROILIAC JOINTS\$38SACRUM AND COCCYX\$32SHOULDER COMPLETE\$33SI JOINTS < 3 VIEWS	HIP BILATERAL 2 VIEWS	^{\$} 45
HYSTEROSALPINGOGRAPHY RAD S&I\$222KNEE COMPLETE\$45LUMBOSACRAL 2 OR 3 VIEWS\$40LUMBOSACRAL 4 VIEWS\$56LUMBOSACRAL COMPLETE W/ BENDING VIEW\$71NASAL BONES\$37PELVIS 1-2 VIEWS OR POSTURIAL STU\$36RIBS BILATERAL\$43RIBS UNILATERAL 2 VIEWS\$38RIBS UNILATERAL 2 VIEWS\$38SACROILIAC JOINTS\$38SACRUM AND COCCYX\$32SHOULDER COMPLETE\$33SI JOINTS < 3 VIEWS	HIP BILATERAL 3-4 VIEWS	^{\$} 56
KNEE COMPLETE\$45LUMBOSACRAL 2 OR 3 VIEWS\$40LUMBOSACRAL 4 VIEWS\$56LUMBOSACRAL COMPLETE W/ BENDING VIEW\$71NASAL BONES\$37PELVIS 1-2 VIEWS OR POSTURIAL STU\$36RIBS BILATERAL\$43RIBS UNILATERAL 2 VIEWS\$38RIBS UNILATERAL 2 VIEWS\$38SACROILIAC JOINTS\$38SACROILIAC JOINTS\$32SHOULDER COMPLETE\$33SI JOINTS < 3 VIEWS	HUMERUS MINIMUM 2 VIEWS	\$33
LUMBOSACRAL 2 OR 3 VIEWS540LUMBOSACRAL 4 VIEWS\$56LUMBOSACRAL COMPLETE W/ BENDING VIEW\$71NASAL BONES\$37PELVIS 1-2 VIEWS OR POSTURIAL STU\$36RIBS BILATERAL\$43RIBS UNILATERAL 2 VIEWS\$38RIBS UNILATERAL 2 VIEWS\$38SACROILIAC JOINTS\$38SACRUM AND COCCYX\$32SHOULDER COMPLETE\$33SI JOINTS < 3 VIEWS	HYSTEROSALPINGOGRAPHY RAD S&I	^{\$} 222
LUMBOSACRAL 4 VIEWS*56LUMBOSACRAL 4 VIEWS\$56LUMBOSACRAL COMPLETE W/ BENDING VIEW\$71NASAL BONES\$37PELVIS 1-2 VIEWS OR POSTURIAL STU\$36RIBS BILATERAL\$43RIBS UNILATERAL 2 VIEWS\$38RIBS UNILATERAL 2 VIEWS\$42SACROILIAC JOINTS\$38SACRUM AND COCCYX\$32SHOULDER COMPLETE\$33SI JOINTS < 3 VIEWS	KNEE COMPLETE	^{\$} 45
LUMBOSACRAL COMPLETE W/ BENDING VIEW71NASAL BONES\$37PELVIS 1-2 VIEWS OR POSTURIAL STU\$36RIBS BILATERAL\$43RIBS UNILATERAL 2 VIEWS\$38RIBS UNILATERAL 2 VIEWS\$42SACROILIAC JOINTS\$38SACRUM AND COCCYX\$32SHOULDER COMPLETE\$33SI JOINTS < 3 VIEWS	LUMBOSACRAL 2 OR 3 VIEWS	^{\$} 40
NASAL BONES\$37PELVIS 1-2 VIEWS OR POSTURIAL STU\$36RIBS BILATERAL\$43RIBS UNILATERAL 2 VIEWS\$38RIBS UNIL W PA CHEST MIN 3 VIEWS\$42SACROILIAC JOINTS\$38SACRUM AND COCCYX\$32SHOULDER COMPLETE\$33SI JOINTS < 3 VIEWS	LUMBOSACRAL 4 VIEWS	^{\$} 56
PELVIS 1-2 VIEWS OR POSTURIAL STU\$36RIBS BILATERAL\$43RIBS UNILATERAL 2 VIEWS\$38RIBS UNILATERAL 2 VIEWS\$42SACROILIAC JOINTS\$38SACRUM AND COCCYX\$32SHOULDER COMPLETE\$33SI JOINTS < 3 VIEWS	LUMBOSACRAL COMPLETE W/ BENDING VIEW	^{\$} 71
RIBS BILATERAL43RIBS UNILATERAL 2 VIEWS\$38RIBS UNIL W PA CHEST MIN 3 VIEWS\$42SACROILIAC JOINTS\$38SACRUM AND COCCYX\$32SHOULDER COMPLETE\$33SI JOINTS < 3 VIEWS	NASAL BONES	^{\$} 37
RIBS UNILATERAL 2 VIEWS\$38RIBS UNIL W PA CHEST MIN 3 VIEWS\$42SACROILIAC JOINTS\$38SACRUM AND COCCYX\$32SHOULDER COMPLETE\$33SI JOINTS < 3 VIEWS	PELVIS 1-2 VIEWS OR POSTURIAL STU	^s 36
RIBS UNIL W PA CHEST MIN 3 VIEWS\$42SACROILIAC JOINTS\$38SACRUM AND COCCYX\$32SHOULDER COMPLETE\$33SI JOINTS < 3 VIEWS	RIBS BILATERAL	^{\$} 43
SACROILIAC JOINTS538SACRUM AND COCCYX\$32SHOULDER COMPLETE\$33SI JOINTS < 3 VIEWS	RIBS UNILATERAL 2 VIEWS	^{\$} 38
SACRUM AND COCCYX\$52SHOULDER COMPLETE\$33SI JOINTS < 3 VIEWS	RIBS UNIL W PA CHEST MIN 3 VIEWS	^{\$} 42
SHOULDER COMPLETE\$33SI JOINTS < 3 VIEWS	SACROILIAC JOINTS	\$38
SI JOINTS < 3 VIEWS\$32SI JOINTS < 3 VIEWS	SACRUM AND COCCYX	^{\$} 32
SINUSES MIN 3 VIEWS\$43SKULL MIN 4 VIEWS\$52SMALL BOWEL SERIES\$118THORACIC SPINE 2 VIEWS\$39THORACIC SPINE 3 VIEWS\$39TIBIA/FIBULA 2 VIEWS\$33TOE(S) MINIMUM 2 VIEWS\$32UPPER GI AIR WITH KUB\$161UPPER GI AIR WITH SMALL BOWEL\$209	SHOULDER COMPLETE	\$33
SKULL MIN 4 VIEWS\$52SMALL BOWEL SERIES\$118THORACIC SPINE 2 VIEWS\$39THORACIC SPINE 3 VIEWS\$39TIBIA/FIBULA 2 VIEWS\$33TOE(S) MINIMUM 2 VIEWS\$32UPPER GI AIR WITH KUB\$161UPPER GI AIR WITH SMALL BOWEL\$209	SI JOINTS < 3 VIEWS	^{\$} 32
SMALL BOWEL SERIES\$118THORACIC SPINE 2 VIEWS\$39THORACIC SPINE 3 VIEWS\$39TIBIA/FIBULA 2 VIEWS\$33TOE(S) MINIMUM 2 VIEWS\$32UPPER GI AIR WITH KUB\$161UPPER GI AIR WITH SMALL BOWEL\$209	SINUSES MIN 3 VIEWS	^{\$} 43
THORACIC SPINE 2 VIEWS\$39THORACIC SPINE 3 VIEWS\$39TIBIA/FIBULA 2 VIEWS\$33TOE(S) MINIMUM 2 VIEWS\$32UPPER GI AIR WITH KUB\$161UPPER GI AIR WITH SMALL BOWEL\$209	SKULL MIN 4 VIEWS	^{\$} 52
THORACIC SPINE 3 VIEWS\$39TIBIA/FIBULA 2 VIEWS\$33TOE(S) MINIMUM 2 VIEWS\$32UPPER GI AIR WITH KUB\$161UPPER GI AIR WITH SMALL BOWEL\$209	SMALL BOWEL SERIES	^{\$} 118
TIBIA/FIBULA 2 VIEWS\$33TOE(S) MINIMUM 2 VIEWS\$32UPPER GI AIR WITH KUB\$161UPPER GI AIR WITH SMALL BOWEL\$209	THORACIC SPINE 2 VIEWS	\$39
TOE(S) MINIMUM 2 VIEWS\$32UPPER GI AIR WITH KUB\$161UPPER GI AIR WITH SMALL BOWEL\$209	THORACIC SPINE 3 VIEWS	\$39
UPPER GI AIR WITH KUB \$161 UPPER GI AIR WITH SMALL BOWEL \$209	TIBIA/FIBULA 2 VIEWS	\$33
UPPER GI AIR WITH SMALL BOWEL \$209	TOE(S) MINIMUM 2 VIEWS	^{\$} 32
	UPPER GI AIR WITH KUB	^{\$} 161
	UPPER GI AIR WITH SMALL BOWEL	\$209
WRIST COMPLETE 540	WRIST COMPLETE	^{\$} 40

PET/CT	
Description	TOS Charge
PET BRAIN METABOLISM	^{\$} 1,803
PET CT SKULL BASE TO MIDTHIGH	^{\$} 1,860
PET CT WHOLE BODY	^{\$} 1,862
PET TUMOR LIMITED	^{\$} 1,847

*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 7/2017.



7/17

RMI Self-Pay Option Interventional Services

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

Interventional Radiology Pain & Back	
Description	TOS Charge
INJ DX SUBSTANCE CERVICAL OR THORACIC (EPIDURAL) KENALOG 10MG PER UNIT	^s 323
INJ DX SUBSTANCE LUMBAR SPINE (EPIDURAL) KENALOG 10MG PER UNIT	^{\$} 317
LUMBAR PUNCTURE	^{\$} 184
VERTEBROPLASTY THORACIC CT THORACIC SPINE W CONTRAST	^{\$} 2,184
ADDITIONAL VERTEBRAL BODY	\$1,092
VERTEBROPLASTY LUMBAR CT LUMBAR SPINE W CONTAST	^{\$} 2,163

Interventional Radiology		
PORTOGRAM	^{\$} 128	
PERMACATH INSERTION FLUORO GUIDANCE CENTRAL VEN DEV US GUIDANCE VASCULAR ACCESS	^{\$} 956	
PERMACATH REMOVAL	^{\$} 195	
MEDIPORT INSERTION (CHEST) FLUORO GUIDANCE CENTRAL VEN DEV US GUIDANCE VASCULAR ACCESS	^{\$} 1,380	
ARMPORT/PASSPORT INSERTION FLUORO GUIDANCE CENTRAL VEN DEV US GUIDANCE VASCULAR ACCESS	\$1,519	
MEDIPORT REMOVAL	^{\$} 264	
PICC INSERTION FLUORO GUIDANCE CENTRAL VEN DEV	^s 384	
PARACENTESIS ABDOMINAL W IMAGING	^{\$} 339	
STEROID INJ HIP/KNEE/SHOULDER FLOURO GUIDANCE NEEDLE INJECTION CELESTONE INJECTION	^s 213	
SHOULDER ARTHROGRAM INJECTION FLUORO GUIDANCE NEEDLE PLACEMENT CELESTONE INJECTION MR UP JNT W CONTRAST	^s 721	

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	^{\$} 352	
ADDITONAL CYSTS (EACH ONE)	^{\$} 32	
STEREOTACTIC BREAST BIOPSY	^{\$} 791	
STEREO ADDITIONAL LESION	^s 649	
ULTRASOUND GUIDED BREAST BIOPSY DIGITAL MAMM UNILATERAL	\$908	
ULTRASOUND ADDITIONAL LESION	^s 624	
MR GUIDED BREAST BIOPSY + GAD DIGITAL MAMM UNILATERAL	^{\$} 1,372	
MR GUIDED ADDITIONAL LESION	^{\$} 924	
US GUIDANCE FNA THYROID	^{\$} 233	
CRYOABLATION W US GUIDANCE	^{\$} 2,650	

*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 7/2017.

