

# 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	\$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

### CT

CT ABDOMEN W CONTRAST	\$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
US PROSTATE	\$109
US SCROTUM	\$79
US SOFT TISSUE NECK/THYROID	\$133
US TRANSVAG PELVIC	\$140

### Breast

DIGITAL MAMM SCREENING	\$125
DIGITAL MAMM DIAGNOSTIC	\$193
DIGITAL MAMM UNILATERAL	\$152
US BREAST UNILATERAL COMPLETE	\$124
US BREAST UNILATERAL LIMITED	\$102
MR BREAST BILATERAL W/WO CONTRAST	\$648
MRI BREAST SCREENING ONLY	\$395

**\*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.

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### Diagnostic Testing, cont.

Description	TOS Charge
FOOT COMPLETE	\$33
FOREARM 2 VIEWS	\$30
FOREIGN BODY SCREENING EYE	\$32
HAND MINIMUM 3 VIEWS	\$35
HIP UNILATERAL 1 VIEW	\$34
HIP UNILATERAL 2-3 VIEWS	\$47
HIP UNILATERAL 4 VIEWS	\$59
HIP BILATERAL 2 VIEWS	\$45
HIP BILATERAL 3-4 VIEWS	\$56
HUMERUS MINIMUM 2 VIEWS	\$33
HYSTEOSALPINGOGRAPHY RAD S&I	\$222
KNEE COMPLETE	\$45
LUMBOSACRAL 2 OR 3 VIEWS	\$40
LUMBOSACRAL 4 VIEWS	\$56
LUMBOSACRAL COMPLETE W/ BENDING VIEW	\$71
NASAL BONES	\$37
PELVIS 1-2 VIEWS OR POSTURAL STU	\$36
RIBS BILATERAL	\$43
RIBS UNILATERAL 2 VIEWS	\$38
RIBS UNIL W PA CHEST MIN 3 VIEWS	\$42
SACROILIAC JOINTS	\$38
SACRUM AND COCCYX	\$32
SHOULDER COMPLETE	\$33
SI JOINTS < 3 VIEWS	\$32
SINUSES MIN 3 VIEWS	\$43
SKULL MIN 4 VIEWS	\$52
SMALL BOWEL SERIES	\$118
THORACIC SPINE 2 VIEWS	\$39
THORACIC SPINE 3 VIEWS	\$39
TIBIA/FIBULA 2 VIEWS	\$33
TOE(S) MINIMUM 2 VIEWS	\$32
UPPER GI AIR WITH KUB	\$161
UPPER GI AIR WITH SMALL BOWEL	\$209
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

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**REGIONAL MEDICAL IMAGING**  
[rmipc.net](http://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) KENALOG 10MG PER UNIT	\$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 CONTRAST	\$2,163

### Interventional Radiology

PORTOGRAM	\$128
PERMACATH INSERTION FLUORO GUIDANCE CENTRAL VEN DEV US GUIDANCE VASCULAR ACCESS	\$956
PERMACATH REMOVAL	\$195
MEDIPOINT 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
MEDIPOINT REMOVAL	\$264
PICC INSERTION FLUORO GUIDANCE CENTRAL VEN DEV	\$384
PARACENTESIS ABDOMINAL W IMAGING	\$339
STEROID INJ HIP/KNEE/SHOULDER FLUORO GUIDANCE NEEDLE INJECTION CELESTONE INJECTION	\$213
SHOULDER ARTHROGRAM INJECTION FLUORO GUIDANCE NEEDLE PLACEMENT CELESTONE INJECTION MR UP JNT W CONTRAST	\$721

### Breast Biopsy Codes & Aspirations

Description	TOS Charge
<b>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.</b>	
US GUIDANCE ASPIRATION (1 SITE) ASPIR BREAST CYST DIGITAL MAMM UNILATERAL	\$352
ADDITIONAL CYSTS (EACH ONE)	\$32
STEREOTACTIC BREAST BIOPSY	\$791
STEREO ADDITIONAL LESION	\$649
ULTRASOUND GUIDED BREAST BIOPSY DIGITAL MAMM UNILATERAL	\$908
ULTRASOUND ADDITIONAL LESION	\$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

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