

Fee Form

Our goal is to provide quality gastrointestinal endoscopy in a comfortable, safe, and convenient environment.

You may incur separate charges related to your procedure:

- Facility Fee
- Physician Fee
- Anesthesia Fee
- Histology Lab & Pathology Fees, if polyp(s) are removed and/or tissue biopsied

Facility Fee -- Each room utilizes state of the art, high definition endoscopes enhanced with high definition video monitors and cutting-edge technology such as narrow band imaging. Each room is also staffed by a Registered Nurse (RN). In fact, an RN with an average of 10 years of endoscopy experience stays alongside you from pre-op to recovery. Our facility was and is accredited by the Accreditation Association for Ambulatory Health Care (AAAHC).

For questions about the facility fee, call PEC at (713) 587-0909.

Anesthesia Fee* -- Our top priority is patient safety. Anesthesia during the procedure is provided by a Certified Registered Nurse Anesthetist (CRNA) with critical care training and extensive experience in endoscopy. THIS enhances your comfort as well as allows your physician to perform your procedure more safely and effectively.

For questions about the anesthesia fee, call Gessner Anesthesia Associates at (281) 974-2061.

Histology & Pathology Fee* -- We may also team up with specialists in GI pathology services to ensure that biopsy specimens are processed and diagnosed by some of the top gastrointestinal pathologists. GALA Histology Lab prepares specimens and United Pathology Associates' pathologists read the specimens. **For questions about the histology lab & pathologist fees, call (281) 974-2038.**

**Anesthesia, histology lab, and pathology providers may be out-of-network. However, you may still receive these services at affordable rates. Please call the providers directly for more information.*

Dr. Reddy has ownership in the following facilities: Physicians Endoscopy Center, Gastroenterology and Liver Associates, Gessner Anesthesia Associates, and United Pathology Associates.

By signing below, I acknowledge that I understand and agree to the Terms and Conditions listed above:

Patient Name (Please Print): _____

Patient Signature: _____ Date: _____