



Patient Notice Regarding Colonoscopy and Endoscopy Procedure Fees

Dear Patient,

This notice is to inform you that **colonoscopy and endoscopy procedures may involve separate fees** from both the **provider** performing the procedure and the **facility** where the procedure takes place.

These services are billed **independently**, which means:

- The **provider** (gastroenterologist or specialist) will bill for their professional services.
- The **facility** (hospital or outpatient surgical center) will bill for the use of the procedure room, equipment, nursing staff, and related support services.

Depending on your insurance coverage, you may be responsible for **a portion of these charges**, including deductibles, copayments, or coinsurance.

To obtain an accurate estimate of your out-of-pocket costs:

Please contact **both** of the following:

1. **Your Provider's Office** – to request an estimate of the provider's fees
2. **The Facility or Endoscopy Center** – to request an estimate of the facility fees

Sincerely,
Alaska Digestive & Liver Disease

FACILITY CONTACT LIST

ALASKA DIGESTIVE CENTER
4048 LAUREL STE STE 103A
ANCHORAGE, AK 99508
Phone: (907) 563-1750
Billing: (949) 522-6861

PROVIDENCE ALASKA MEDICAL CENTER
3200 PROVIDENCE DR.
ANCHORAGE, AK 99508
Phone: (907) 562-2211
Billing: (866) 747-2455

ALASKA REGIONAL HOSPITAL
2801 DEBARR RD.
ANCHORAGE, AK 99508
Phone: (907) 276-1131
Billing: (800) 370-1983