

Provider/Facility Name:	Provider/Facility Type:
Central Illinois Endoscopy Center	Ambulatory Surgery Center
Street Address:	Zip Code:
1001 Main St, Suite 500 B	61606
City:	State:
Peoria	Illinois
Contact Person:	Phone:
Andrew Paulson	(309) 495-1184
National Provider Identifier:	Taxpayer Identification Number:
1790924306	208243285

Service/ Item	Address where service/ item will be	Diagnosis	Service Code	Quantity	Expected Cost
	provided	Code			
Colonoscopy	Central Illinois Endoscopy Center	Any or	45378,45380,45385,45381,45386	1	\$1105.00
	1001 Main St, Suite 500 B	all			'
	Peoria, IL 61606				
Physician	Illinois Gastroenterology Group	Any or	45378,45380,45385,45381,45386	1	\$630.00
	1001 Main St, Suite 500 A	all			
	Peoria, IL 61606				
Anesthesia	Illinois Gastroenterology Group	Any or	00731,00732,00811,00812,00813	1	\$250.00
	1001 Main St, Suite 500 A	all			7-23333
	Peoria, IL 61606				
*Pathology	IGG Pathology	Any or	88305,88342	1	\$784.00
	14052 W Petronella Dr #201	all			7.55
	Libertyville, IL 60048				

Total Expected Charges from Central Illinois Endoscopy Center: \$1,985.00

^{*}This total does not contain fees for laboratory, pathology, radiology, or any other outside services provided. If required, you will receive additional bills from the provider for these services.