



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

Service/ Item	Address where service/ item will be provided	Diagnosis Code	Service Code	Quantity	Expected Cost
Flexible Sigmoidoscopy	Central Illinois Endoscopy Center 1001 Main St, Suite 500 B Peoria, IL 61606	Any or all	45330,45331,45338,45335,45340	1	\$800.00
Physician	Illinois Gastroenterology Group 1001 Main St, Suite 500 A Peoria, IL 61606	Any or all	45330,45331,45338,45335,45340	1	\$505.00
Anesthesia	Illinois Gastroenterology Group 1001 Main St, Suite 500 A Peoria, IL 61606	Any or all	00731,00732,00811,00812,00813	1	\$250.00
*Pathology	IGG Pathology 14052 W Petronella Dr #201 Libertyville, IL 60048	Any or all	88305,88342	1	\$784.00

**Total Expected Charges from Central Illinois Endoscopy Center: \$1,555.00**

\*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.