

Imaging costs vary widely

Learn your options before you go

Has your doctor prescribed an MRI/MRA, CT, PET or other imaging procedure? You may be wondering about out-of-pocket costs. Surprisingly, it depends not only on the type of insurance coverage you have, but where you go:



Hospital

An inpatient facility that also offers outpatient imaging services. Hospitals may charge more for imaging than other types of facilities because they must be prepared to provide a wide range of services.



Free-standing facility

A non-hospital site that offers outpatient-only imaging services. Free-standing facilities may or may not be part of a hospital or hospital system. These facilities are sometimes able to charge less for imaging because they offer limited and focused services.



Provider's office

A doctor's office that provides outpatient imaging services on site as a convenience to their patients. A provider's office may or may not be part of a hospital or hospital system.

Make the right choice

Imaging procedure costs may vary widely by location and have a direct impact on your deductible, coinsurance and/or copay. Learn how far your dollars will go and which option is best for you.

- Talk with your doctor about the best choice for your imaging procedure in terms of cost and quality.
- Contact your health insurance company, and ask how much you will pay at each type of imaging facility.

Sometimes doctors are members of hospitals, hospital systems or other organizations and may automatically send you to a particular location for your imaging procedure. You have the right to learn about your options and go to the facility that is best for your health, wallet and schedule.