

NAME:

Test Patient

ID:IV1234567

ESTIMATE DATE

April 03, 2025

LOCATION

Bloomfield, MI

MEDICATION

Remicade

DELIVERY

Infusion

ADMIN TIME

2.0 hour

PRESCRIBED DOSE

5.0 mg\_kg/kg

WEIGHT BASED MEDICATION

Yes

COVERAGE

Medical

		Medication	Administration	Total
Billed Price		\$2,442	\$134	\$2,576
Primary Insurance	Remaining Deductible	\$500	\$0	\$500
CIGNA	Co-Insurance	\$144	\$27	\$171
	Copay	\$0	\$0	\$0
	Estimated Balance (After Primary Coverage)	\$644	\$27	\$671
Additional Coverage	Remaining Deductible	\$0	\$0	\$0
Remicade Janssen	Co-Insurance	\$0	\$0	\$0
	Copay	\$5	\$0	\$5
CarePath	Amount Not Covered	\$0	\$27	\$27
	Estimated Balance (After Additional Coverage)	\$5	\$27	\$32

VIVIDPRICE  
Bringing Light to Healthcare Prices

The Financial information presented to you today is an ESTIMATE for your treatment based on the information provided by you and your insurance (if applicable). The actual amount of patient financial responsibility less any amounts paid in advance will be confirmed after claims have been processed by your insurance company. Listed prices are subject to quarterly price changes. Administration time is based on average, total charge can vary based on actual infusion time.

If you have any questions, please contact our Finance office at: 888-555-5555

Total Due  
at Appointment

\$32