

NAME:

Demo Patient

ID:IV7894

ESTIMATE DATE

July 15, 2025

LOCATION

Chattanooga, TN

MEDICATION

Entyvio

DELIVERY

Infusion

ADMIN TIME

1.0 hour

PRESCRIBED DOSE

300.0 mg

WEIGHT BASED MEDICATION

No

COVERAGE

Medical

		Medication	Administration	Total
	Billed Price	\$13,236	\$52	\$13,288
Primary Insurance	Remaining Deductible	\$1,000	\$0	\$1,000
BCBS FL (TRADITIONAL)	Co-Insurance	\$1,256	\$10	\$1,266
PPO/PPC/HMO/PPS/PHS	Copay	\$0	\$0	\$0
	Estimated Balance (After Primary Coverage)	\$2,256	\$10	\$2,266
Additional Coverage	Remaining Deductible	\$0	\$0	\$0
EntyvioConnect	Co-Insurance	\$0	\$0	\$0
	Copay	\$0	\$0	\$0
	Amount Not Covered	\$0	\$10	\$10
	Estimated Balance (After Additional Coverage)	\$0	\$10	\$10

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

\$10