

Insurance companies vary with regard to coverage for endoscopy procedures.

We strongly encourage you to check your coverage by calling your insurance directly before any procedure is performed to find out what your benefits are confirming their information to our office, and if you may have any out of pocket expenses for your procedure, which are expected prior to scheduling your procedure.

1. Call the customer service representative for your insurance company. The telephone number should be listed on the back of your card or in your benefit manual.
2. Tell the customer service representative that you are calling to check on your coverage for your colonoscopy and/or upper endoscopy which will be done by Gastroenterology Hepatology Associates LLC. All of our services are done on an outpatient basis. If you are having a colonoscopy, there are three different scenarios possible - a screening colonoscopy, a surveillance colonoscopy, or a diagnostic colonoscopy. Please understand that your benefit vary depending on the scenario. If a biopsy is done or a polyp is removed, your screening colonoscopy then becomes a diagnostic colonoscopy, the CPT code 45378 changes (e.g. 45380 or 45385), and your insurance may process the claim differently and your out of pocket might be slightly higher.

<p>Screening Colonoscopy "Average Risk" due to age alone, no personal or family history CPT 45378 Diagnosis code: V76.51</p>	<p>Screening Colonoscopy "High Risk" CPT 45378 <u>Family history</u> Diagnosis code: V18.51 Family hx colon polyps V16.0 Family hx GI cancer (hx= history)</p>	<p>Surveillance Colonoscopy "High Risk" CPT 45378 <u>Personal history</u> Diagnosis code: V12.72 hx colon polyps V10.05 hx colon cancer</p>	<p>Diagnostic Colonoscopy CPT 45378 (patient having symptoms) Diagnosis code: _____ _____</p>	<p>Upper Endoscopy CPT 43239 Diagnosis code: _____ _____</p>
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3. You will receive a bill from Gastroenterology and Hepatology Assoc. LLC for the professional doctor's fee.
4. You will receive a separate bill from Stamford hospital. You will also receive a separate bill from anesthesia. CPT 00810 during the colonoscopy and 00740 during upper endoscopy and 00810 during a double procedure.
5. If a pathology specimen is obtained, you will receive a bill from the Pathology Dept. at Stamford hospital.
5. Your insurance company may require an authorization for your procedure. Upon contacting your insurance you if you learn that an authorization is required, please ask the representative to check that one has been obtained; if not please contact our office immediately. It is ultimately your responsibility to be sure authorization is in place prior to day of procedure.
7. Be sure to ask your insurance company about your "out of pocket" expenses, including co-pays, co-insurance, or any deductible. This will ensure you are fully informed of the possible costs you may incur prior to your procedure.

Deductible: \$ _____ Co pay/Co insurance _____.

If you have any questions regarding procedure codes, the charge amounts of the procedures listed above, or diagnosis codes, please contact our office at (203) 348-5355

I have read the above and agree with the terms of my responsibilities.

Patient Name _____ Date _____ Signature _____

Office Witness _____ Date _____ Signature _____