

IMPORTANT PROCEDURE INFORMATION

Your Gastroenterology Associates of Gainesville P.C. Physician has ordered a procedure(s). This procedure will take place at Gainesville Endoscopy Center, LLC/Braselton Endoscopy Center, LLC or a hospital outpatient facility. As a courtesy to our patients our Care Coordinator team will verify your insurance benefits prior to scheduling the procedure. If the procedure is performed at one of our Endoscopy Centers you will be notified of the estimated amount due at the time of service, for the Facility, prior to scheduling your procedure. If the procedure is scheduled at a hospital, they will be responsible for verifying and contacting you regarding your benefits. However, this is not a guarantee of payment. It is strongly recommended that you contact your insurance company to discuss your upcoming procedure(s). The following information will assist you with any insurance-related topics once your procedure is scheduled.

TERMS TO KNOW

- **Co-insurance:** A set out-of-pocket percentage for covered healthcare expenses to cost share with the insurance company, typically paid after and the annual deductible is met.
- **Co-payment:** A set out-of-pocket fee for covered healthcare services that is collected at the time of service.
- **Deductible:** A set amount of out-of-pocket expenses that must be paid before insurance will pay towards any healthcare expenses.
- **Facility:** The place of service where a procedure is performed. Procedures offered by Gastroenterology Associates of Gainesville P.C. will be performed in one of our Endoscopy Centers, Offices, or a hospital.
- **In-Network:** Healthcare providers and facilities that have a contract with your insurance company for a set rate of reimbursement.
- **Out-of-Network:** Healthcare providers and facilities that do not have a contract with your insurance company and are subject to Out-Of Network expenses, or Self-Pay rates.
- **Reference Number:** Provided by your insurance company to reference your communication with their customer service representatives in regards to benefits given. This number will assist in solving any discrepancy of payments once claims are processed.

ESTIMATING PATIENT RESPONSIBILITY

- Notify your insurance company of your procedure(s)
 - *If you are having a colonoscopy please reference the backside of this form. There are strict guidelines used to determine the category of colonoscopy you are having, and these can affect out-of-pocket responsibilities for patients.*
- Inquire if your plan requires a pre-authorization for the procedure(s), and who is responsible for obtaining if one is required
- Verify if the place of service (facility) is in-network
- Inquire on the amount of reimbursement your plan will cover towards your scheduled procedure(s)
- Verify any out-of-pocket amounts for your scheduled procedure(s)
- Obtain a reference number from the insurance representative for the information provided

POTENTIAL FEES FOR PROCEDURE:

The following fees can be expected when having a procedure at one of our Endoscopy Centers. If your procedure is scheduled at a hospital, Gastroenterology Associates of Gainesville P.C. will only submit the Physician Fee, all other fees will be submitted through the hospital. Some of the following fees may require pre-certification; our Care Coordinators will make every effort to obtain these if required. This is not a guarantee of payment.

- **Physician Fee:** Performing physician fee, the statement will reflect Gastroenterology Associates of Gainesville P.C. and the amount owed is patient responsibility after insurance has processed.
- **Facility Fee:** Place of service fee for the surgical facility overhead expenses, the statement will come from Gainesville Endoscopy Center, LLC or Braselton Endoscopy Center, LLC. The amount owed is patient responsibility after insurance has processed.
- **Pathology Fee:** If a biopsy is required there will be a separate pathology fee. Our Endoscopy Centers partner with South Eastern Pathology Associates to process and exam the specimen(s). Depending on insurance and specific conditions specimens may be billed with two separate components: professional and technical. You may receive a statement from Gastroenterology Associates of Gainesville, P.C. for the technical component, and South Eastern Pathology Associates for the professional component. The amount owed is patient responsibility after insurance has processed.
- **Anesthesia Fee:** Fee to cover anesthetic and vital monitoring. This statement will come from Gastroenterology Anesthesia Associates, LLC and the amount owed is patient responsibility after insurance has processed.

YOU'RE HAVING A COLONOSCOPY

WHAT YOU NEED TO KNOW ABOUT INSURANCE COVERAGE

The Affordable Care Act allows patients to receive preventative services to be covered at no cost to the patient. However colonoscopies are classified under categories and not all categories are considered screening/preventative services. Per these guidelines patients who are experiencing current gastrointestinal issues, history of gastrointestinal disease(s), a personal or family history of colon polyps, or cancer; are excluded from preventative services and may be subject to out-of-pocket expenses.

COLONOSCOPY CATEGORIES

- **Diagnostic/Therapeutic:** performed for gastrointestinal issues (change in bowel habits, abdominal pain, or abnormal test) results that require further evaluation or treatment by colonoscopy. This procedure can be ordered for a majority of reasons if the patient is experiencing gastrointestinal signs and symptoms. This type of service is subject to out-of-pocket expenses for the patient.
- **Surveillance/High-Risk:** performed if the patient has a family/personal history of gastrointestinal disease(s), colon polyps, or colon cancer. Patients with this type of history are required to receive colonoscopies in shorter intervals (*typically 2-5 years*). These services may be subject to out-of-pocket expenses depending on insurance coverage.
- **Screening/Preventative:** performed if the patient is 50 years or older and doesn't have a personal or family history of colon polyps/cancer or gastrointestinal disease(s). This type of service should be covered at 100% if the patient has not undergone a previous colonoscopy in the last 10 years and all guidelines are met.

IMPORTANT NOTE: Even if you are referred to the office for a "screening" colonoscopy you may not qualify under the preventative benefits per your insurance plan. Our Physicians will order the most appropriate category of colonoscopy based on signs, symptoms, and history. Once the colonoscopy consultation has been documented it is a legally binding contract, and our office CANNOT change the CPT code to receive a better insurance reimbursement.

WHAT TO ASK INSURANCE GUIDE

Step One: Identify category of your scheduled colonoscopy

- Diagnostic: 45378,45380,45384,45385
- Surveillance: 45378,45380,45384,45385,G0105
- Preventative: G0101, 45378 only covered with diagnosis code Z12.11
- Ordering Diagnosis code(s): _____
Final codes cannot be determined until after your procedure

Step Two: Call your insurance company and ask following questions:

Representative Name:	Reference Number/Date:
Deductible:	Deductible Met:
Co-Insurance:	Facility Co-Pay:
In-Network/Out of Network:	Pre-Authorization requirements:
Is this procedure and diagnosis code(s) covered under my policy?	
How will the diagnosis be processed?	
If a polyp or biopsy is taken, will this change my out-of-pocket responsibility?	