

PLEASE READ COMPLETELY



Explanation of “Estimated Patient Responsibility” for the Patient (Colonoscopy)

This guide is to assist our patients to better understand insurance coverage and responsibilities associated with services rendered from our office.

An Estimated Patient Responsibility is the cost that your insurance company has *estimated* you will be responsible on your procedure day. *This estimate is not a final charge.* While your insurance company may inform you that a screening colonoscopy is ‘covered,’ that is *never* a guarantee of payment or coverage from your insurance company to our facility.

Why? Because there are two types of colonoscopies:

1. Screening: A Screening colonoscopy is a colonoscopy that is performed per recommendation for age or risk factors, or even as a repeat from a previous colonoscopy from visits prior. Patients who have screening colonoscopies do not have presented digestive issues. This type of colonoscopy is considered a *preventative colonoscopy*.
2. Diagnostic: A diagnostic colonoscopy is a colonoscopy that is performed due to digestive issues or conditions that present a medical need for a colonoscopy to be performed. This type of colonoscopy is considered *diagnostic colonoscopy* to see why symptoms have been presented and for our experienced physicians to diagnose conditions.

Why does the difference matter, and how could this change my final charge?

While you may be scheduled for a screening colonoscopy, if any pathology (a ‘sample’ of tissue) is taken this does change your procedure from screening to diagnostic. This is due to insurance regulations. Because of this, your insurance may change the estimated coverage for your procedure.

When will I be notified?

Prior to your procedure, you will receive a phone call from one of our experienced medical professionals who will notify you of the estimated patient responsibility due on the day of your procedure. After your procedure, you will receive a statement from our office with your due balance (if any), once the insurance has been processed.

PLEASE READ COMPLETELY



What other costs are associated with my procedure?

Here at the Center for Digestive Diseases and Cary Endoscopy Center™, our skilled medical staff works alongside two contracted teams to assist you with your procedure.

The Estimated Patient Responsibility from our office does not include anesthesia, or pathology

1. 'Anesthesia Care Services' are composed of professional medical staff that assists with anesthesia for your procedure. They are a separate contracted team, and bill insurance separately from our facility. They will notify you of any anesthesia balance from your procedure.
2. Pathology, or 'samples' taken from the procedure, are processed separately, as well. You *may* receive a bill from our facility in regards to a balance due from pathology taken during your procedure. Insurance is filed for pathology, but our facility has no ability to predict the types of pathology that will be taken, or the testing involved.

What is my responsibility after claims are paid?

When the procedure is complete, and insurance has been filed and finalized, the balance that insurance does not pay is your responsibility. Ultimately, insurance companies will never guarantee coverage for any claim, and the remaining portion that they have not satisfied will be billed to you.

By signing the below, you are acknowledging that you have read the information provided to you in this handout, and understand your individual responsibilities associated with the claims filing process associated with your provided insurance company.

Patient Name (Printed)

Date of Birth

Patient Signature