

Dear Valued Patient,

Thank you for choosing us for your healthcare needs. Below is important information regarding billing, insurance, and responsibilities for your upcoming procedure. Please review this document carefully.

BILLING INFORMATION

1. Physician Bill

You will receive a bill from the gastroenterologist who will perform your procedure. This bill will originate from *Genesis Healthcare Partners*. Questions regarding this fee can be directed to our billing department at **858-888-7730**.

2. Facility Bill

A separate bill will come from the hospital or surgery center where your procedure will occur. **We do not quote facility fees, so please contact the hospital or surgery center directly for details about potential charges.**

3. Anesthesia Bill

If Propofol anesthetic is used, you will receive a bill from the Certified Registered Nurse Anesthetist (CRNA) or anesthesiologist. Questions about this fee can be directed to Anesthesia Revenue Management at **the center you are scheduled at**. Payment for this service is required to be made in advance or the day of your procedure.

4. Pathology Bill

If biopsies are taken or polyps are removed, the pathology lab will bill you for specimen processing and interpretation. If you have questions about these fees, contact the lab indicated on the invoice.

INSURANCE AND PRIOR AUTHORIZATION

- **Prior Authorization:** Our office will contact your insurance company to obtain prior authorization for your procedure.
- **Know Your Insurance Policy:** It is your responsibility to understand your insurance benefits. Contact your insurance company to confirm coverage and potential out-of-pocket costs.

UNDERSTANDING YOUR EXPLANATION OF BENEFITS (EOB)

- **Total Charges:** The amount initially billed to the insurance company. **This charge will be discounted down to the contracted fee accepted by the provider as a term of a contract with the payor.**
- **Allowed Amount:** This is the total amount the provider expects to receive from the insurance company and/or the patient combined. (It is also called the negotiated amount or expected amount.)
- **Payable Amount:** This is the amount that the primary insurance will pay.
- **Patient Responsibility:** This is the difference between the allowed and payable amounts. This represents any deductibles, co-payments or co-insurance, and uncovered amounts. If you have secondary insurance, they may pay for all or part of the "patient responsibility," depending on your contract.

PROCEDURE DETAILS — CPT CODES

☐ EGD 43239 43235 00731	☐ EGD / COLON 43235 · 45385 43239 · 45380 45378 · 00813	☐ ERCP 00731 · 44360 44361 · 43262 43264 · 43265 43274 · 43275 43276 · 00731	☐ COLON DIAGNOSTIC 45378 45380 45385 00811	☐ COLON SCREENING 45378-PT 45380-PT 45385-PT 00812 MEDICARE ONLY: ☐ G0121 (average risk) ☐ G0105 (high risk)
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OTHER CODES: _____

DIAGNOSIS — ICD-10 CODE

- ☐ **Colon cancer screening** (Z12.11)
- ☐ **Personal history of adenomatous colon polyps** (Z86.0101)
- ☐ **Other ICD-10:** _____

PLEASE NOTE: FEES MAY APPLY IF YOU CANCEL WITHIN 5 BUSINESS DAYS OF THE SCHEDULED PROCEDURE.

If you have further questions about billing or fees, please contact our office at **626-898-4560**.