

ANESTHESIA FOR PROCEDURES

Please initial one of the following options, sign, and date the bottom of this form PRIOR to having your procedure:

_____ BILL MY INSURANCE

In Network Carriers:

Your insurance will be billed. Once we receive an Explanation of Benefits (EOB), you will be responsible and billed for any co-pay, deductible, and/or co-insurance amounts if required by your insurance carrier.

Out of Network Carriers:

Your insurance will be billed; however, you may or may not have out of network benefits. It is **your responsibility to check with your insurance** if anesthesia will be covered or not. Once we receive an Explanation of Benefits (EOB) you will be billed whatever the insurance does not cover. Sometimes insurance carriers will send payment to you rather than to our office. If this is the case, you will be responsible and billed for the amount the insurance paid, plus any copay, deductible, and/or co-insurance amounts.

**** Discount options available upon receipt of your 1st statement, DO NOT WAIT TO CALL ****

_____ SELF PAY

You will be charged at the self pay rate of \$250.00 at check-in, payable by credit/debit card, money order, or cashier's check. **No personal checks will be accepted.**

_____ HAVE INSURANCE, BUT WANT TO SELF PAY

You want to pay for anesthesia and not submit a claim to your insurance carrier. You will be charged the amount of \$250.00 at check-in, payable by credit/debit card, money order, or cashier's check. **No personal checks will be accepted.**

CANCELLATION POLICY

If you need to cancel your procedure, you are required to give no less than 24 hrs notice (excluding weekends when we are closed). If you fail to give this notice, you will be billed the amount of \$100.00.

Print Name

Date

Signature

Date of Birth

TURN OVER

WILL YOUR INSURANCE PAY?

SCREENING vs DIAGNOSTIC

Colonoscopy:

Screening/Preventative means :

- NO symptoms
- NO personal history of polyps or colon cancer
- NO family history of polyps or colon cancer.

If you have screening benefits on your policy, your procedure will be paid according to those benefits, however, it is **your responsibility to call the insurance** to find out if you will owe a copay, deductible, and or coinsurance amount. You will be billed for these.

Diagnostic means you have one or more of the following:

- A diagnosis (abdominal pain, rectal bleeding, bloating, etc.)
- A personal history of polyps or colon cancer
- A family history of polyps or colon cancer

Your claim will be considered under your insurance benefits as “medical necessity”. It is **your responsibility to call the insurance** and find out if a deductible, copay, and/or coinsurance applies because you will be billed for these amounts.

The referral your primary physician provides must reflect whether you are having a screening or diagnostic colonoscopy. If the referral states you are having a screening colonoscopy, and then you present symptoms to our physician at the time of your procedure, your procedure changes to diagnostic and is no longer considered screening.

Our office will not change your billing in order to acquire the best benefits payable by the insurance. This is considered Medical Fraud.

EGD:

This procedure is always diagnostic and cannot be billed as screening.