**PATIENT FINANCIAL /INSURANCE RESPONSIBILITY POLICY**

As a patient, it is in your best interest to know and understand your insurance plan’s in and out of network benefits **PRIOR** to your procedure. Once your procedure is completed, you may have a

financial obligation for co-pays, deductibles and/or co-insurance that may be assessed by your insurance carrier.

It is in your best interest to call the Member Services Department of your insurance company (at the number listed on your insurance card) as soon as possible after scheduling your procedure to get current information regarding your coverage and financial responsibility. It is virtually impossible for us to have knowledge of what services each insurance plan covers. Any questions you may have regarding those benefits or dispute of any services not covered should be directed to your insurance company.

If you were seen for a Preventative Care visit, routine exam, or check up and discuss or address any non-preventative issues or concerns your insurance company will be billed accordingly for the diagnostic treatment. Diagnostic treatment includes, but not limited to, prescription management, labs or imaging for non-screening purposes, review of abnormal lab results or other abnormal test results, and any other medical treatment for current symptoms or disease management.

When checking your benefit information you can reference the following information:

The Gastroenterology Group P.C. (Tax ID 22-3240936) for a procedure at the Endoscopy Center at St. Mary Medical, an Ambulatory Surgery Center (Tax ID 20-5253494).

Should your insurance carrier need the specific procedure codes for reference please see below. *Please note this is not a reference for diagnostic/preventative coding. If you need this specific information please call the office at 215-750-2911.*

**The colonoscopy procedure codes we use are as follows:**

Screening Low Risk (Medicare Only) G0121

Screening High Risk (Medicare Only) G0105

Colonoscopy with diagnosis 45378

Colonoscopy with biopsy 45380

Colonoscopy with removal of polyp 45385

Flexible Sigmoidoscopy with diagnosis 45330

Flexible Sigmoidoscopy with biopsy 45331

**The upper endoscopy procedure codes we use are as follows:**

Upper GI endoscopy with diagnosis 43235

Upper GI endoscopy with biopsy 43239

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Patient’s Name (PRINT) Date

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Signature