

Colonoscopy Notification Statement
Know what you will owe!

Colonoscopy CPT: _____

- Diagnostic/therapeutic colonoscopy; Diagnosis:** _____
Patient has past and/or present gastrointestinal symptoms, polyps, or gastrointestinal disease.
- Surveillance/ High Risk Screening Colonoscopy; Diagnosis:** _____
Patient is asymptomatic (no gastrointestinal symptoms either past or present), has a personal history of gastrointestinal disease, colon polyps, and/or cancer. Patients in this category are required to undergo colonoscopy surveillance at shortened intervals (e.g. every 2-5 years).
- Preventive Colonoscopy Screening; Diagnosis:** _____
Patient is asymptomatic (no gastrointestinal symptoms either past or present), over the age of 50, has no personal or family history of gastrointestinal disease, colon polyps, and/or cancer. The patient has not undergone a colonoscopy within the last 10 years.

Who will bill me? You may receive bills from separate entities associated with your procedure, such as the physician, facility, anesthesia, pathologist, and/or laboratory. Atlanta Colon and Rectal Surgery, PA can only provide you with information associated with our fees.

How will I know what I will owe?

Call your insurance carrier and verify the benefits and coverage by asking the following questions. Codes for your procedure are listed above. (You will need to give the insurance representative your preoperative CPT and Diagnosis codes.)

1. Is the procedure and diagnosis covered under my policy? Yes No

2. Will the diagnosis code be processed as preventative, surveillance, or diagnostic and what are my benefits for that service? (Benefits vary based on how the insurance company recognizes the diagnosis).

Diagnostic/Medical Necessary Benefits

Deductible: _____ Coinsurance Responsibility: _____

Facility in Network: Yes No

Preventative/Wellness/Routine Colonoscopy Benefits:

Are there age and/or frequency limits for my colonoscopy? (e.g. one every ten years over the age of 50, one every two years for a personal history of polyps beginning at age 45, etc)

No Yes if so; _____

Deductible: _____ Coinsurance Responsibility: _____

3. If the physician removes a polyp, will this change your out of pocket responsibility? (A biopsy or polyp removal may change a screening benefit to a medical necessity benefit: more out of pocket expenses. Carriers vary on this policy.) No Yes

Representative's Name: _____ Call Reference #: _____ Date: _____

Can the physician change, add, or delete my diagnosis so that I can be considered a colon screening? No. The patient encounter is documented as a medical record from information you have provided as well as an evaluation and assessment from the physician. It is a binding legal document that cannot be changed to facilitate better insurance coverage.

If your insurance plan has a high deductible, you may be asked to make a deposit prior to your procedure. For our fees, deposits, or an explanation of this form, please call our billing department at 404-252-8445. Further information on Colonoscopy can be obtained on our website at www.atlantacol.com.

Patient Signature

Date