

Order for Colonoscopy with or without Upper Endoscopy

PATIENT NAME		DOB	HOME PHON	IE CHART #		
PROCEDURE WITH: ☐ Natalie C. Lee, MD	□ Danny D. Kao, MD□ Timothy M. Sowerby, M		ttinger, MD Illadi, MD			
	n a copy of the Instructions for Out I how I am to prepare for my proce			nstructions (two sided print out) which these instructions.		
	med of and understand the risks a utpatient Colonoscopy; and I herek					
	at it is neither safe nor legal for me transportation home, as well as a r		•	* · · · · · · · · · · · · · · · · · · ·		
I understand that	at my procedure is scheduled at an	outpatient facility at	the location indic	rated below.		
I understand that	at it is my responsibility to verify m	y insurance coverage/	benefits for this p	procedure. (See back of this form)		
PATIENT SIGNATURE:		DATE:				
PROCEDURE LOCATION	DN: ENDOSCOPY CENTER 1100 So. Eliseo Drive, S Tel 415 464 0606 · w	Suite 3, Greenbrae	Marin Genera	NTER OF MARIN al Hospital 955 · www.maringeneral.org		
ARRIVE AT:		HE WEEK	DATE			
				moidossonu CDT (Presedure Code): 45220		
<u>Diagnosis:</u>	 □ 792.1 Occult Blood □ 569.3 Rectal Bleeding □ 793.4 Abnormal imaging □ Other: 	☐ 787.91 Diarrhea☐ 787.99 Change	in Bowel Habits	moidoscopy: <u>CPT (Procedure Code): 45330</u> ☐ 280.9 Iron Deficiency Anemia ☐ 789.07 Abd. Pain, General ☐ Ulcerative Colitis 556		
☐ Surveillance Colonoscopy:		CPT (Procedure C	Code): G0105			
	Diagnosis: ☐ V12.72 Pers. Hx Colon Polyps			☐ V10.06 Pers. Hx Rectum Cancer		
☐ Screening Colonoscopy High Risk:		CPT (Procedure C	Code): G0105			
<u>Diagnosis:</u> □ V18.51 Fam. Hx Colon Polyps		□ V16.0 Fam. Hx Colon Cancer				
☐ Screening Colonoscopy Average Risk:		CPT (Procedure Code): G0121 <u>Diagnosis Code: V76.51 Special</u> Screening Malignant Neoplasms, colon				
□ EGD <u>43239</u>	□ EGD with Biopsy <u>43239</u>	☐ EGD with Dila	tion <u>43249</u>	☐ EGD with Banding <u>43244</u>		
	□ 536.8 Dyspepsia □ 787.1 Heartburn □ 789.06 Epigastric Pain	☐ 530.81 GERD ☐ 787.20 Dysphag ☐ 280.9 Iron Def. <i>A</i>	ia	☐ 530.85 Barrett's Esophagus ☐ 793.4 Abnormal Imaging ed ☐ Other:		
ANESTHESIA:		□ IV Sedation	IV Indication	:		
FOR OFFICE USE ONLY						
PRIMARY INSURANCE	E: ☐ Medicare	□ Othe	r			
PRIOR AUTH: Required AUTH#		□ Not Required PER				
			K I	AME OF DEDDECENTATIVE DATE DV		

Know What You Will Owe – Insurance Coverage and Benefits

INSURANCE COVERAGE:

Endoscopy procedures are generally "covered" by insurance when recommended to investigate symptoms or for routine colon cancer screening. Even if a service or procedure is "covered", you may have a share of cost. It is your responsibility to verify your insurance coverage and benefits. Marin Gastroenterology is not responsible for your insurance coverage or benefits. We recommend that you call your insurance company and ask if your procedure is a "covered benefit", and what your share of cost, or "out of pocket expense", may be. For your convenience, the following is information about billing for your procedure, and a form to use when calling your insurance company to verify your coverage and benefits.

FEES: You will be billed by two to four different entities associated with your procedure:

- **1. "PROFESSIONAL FEE"** from Marin Gastroenterology, Tax ID# 20-1209575 (business office 415-925-6910). This is the fee from the physician who will perform your procedure.
- 2. "FACILITY FEE" (Depending on where you were scheduled to have your procedure): The Endoscopy Center of Marin (ECM), Tax ID# 68-0407706 (business office 415-464-0606) OR from Marin General Hospital (MGH), Tax ID# 94-2833538 (business office 415-925-7500). This fee for the use of endoscopy equipment, medications and nursing staff at the facility (location) where your endoscopy will be performed.
- 3. "LABORATORY FEE" from Marin Medical Lab, Tax ID# 94-1196033 (business office 877-239-6536) This fee applies only when biopsies are taken or polyps are removed.
- **4.** "ANESTHESIA FEE" at MGH from Anesthesia Consultants of Marin, Tax ID# 68-0265621 (business office 415-460-9924). "ANESTHESIA FEE" at ECM from Amsurg Marin Anesthesia, Tax ID# 46-5053637 (866-809-1220).

INSURANCE PLAN NETWORK PARTICIPATION:

Marin Gastroenterology, Marin Medical Labs, and Anesthesia Consultants of Marin participate in most health plan networks. However, it is your responsibility to check if they are members of your insurance plan's network.

The Endoscopy Center of Marin and Amsurg Marin Anesthesia participates in Medicare and most health plan networks. If the ECM is not part of a health plan's network, out of pocket expenses are usually the same or less than at MGH, even if MGH participates in that plan's network. If the ECM anticipates that your out of pocket expenses will be lower at MGH, Marin Gastroenterology will schedule your procedure at MGH.

VERIFY YOUR OWN COVERAGE AND BENEFITS:

To find out what your coverage, benefits, and out of pooneed to give the insurance representative the CPT (proc				3 1				
1. Is this procedure covered under my policy?	☐ Yes	□ No						
2. A) Will the diagnosis code be processed as p	oreventati	ve, surveil	llance, or diagnostic, and wha	at are my benefits for that service?				
B) What are my benefits for the associated services such as Facility Fees, Laboratory Fees, and Anesthesia?								
If Diagnostic/Medical Necessity-Benefits:			Deductible:	Coinsurance:				
Is the Facility in-network?	☐ Yes	□ No	Deductible:	Coinsurance:				
Is the Laboratory in-network?	☐ Yes	□ No	Deductible:	_ Coinsurance:				
If Preventive/Routine Colonoscopy-Bo	enefits:	Deductible:	_ Coinsurance:					
Is the Facility in-network?	☐ Yes	□ No	Deductible:	_ Coinsurance:				
Is the Laboratory in-network?	☐ Yes	□ No	Deductible:	_ Coinsurance:				
Are there are and/or frequency limits	for my so	rooning c	olonoscony?					

ID#

Call Reference Number:

IMPORTANT: Write down the following information before ending your call with your insurance company:

Insurance Company Representative Name:____

Date & Time of Call: