

Greenbelt Endoscopy Center

Patient Payment Notice

Screening vs. Diagnostic vs. Surveillance Colonoscopy

Colonoscopy Categories:

The Affordable Care Act allows for several preventive services, such as colonoscopies, to be covered at no cost to the patient. However, there are strict guidelines used to determine which category of colonoscopy can be defined as a preventive service (screening vs. diagnostic). These guidelines may exclude those patients with a history of gastrointestinal issues from taking advantage of the procedure at no cost. In cases like these, patients may be required to pay co-insurance, deductibles and/or co-payments.

Although your primary care provider may refer you for a "screening" colonoscopy, you may not qualify for the "preventive colonoscopy screening" category.

- **Diagnostic/Therapeutic Colonoscopy** – Patient has present gastrointestinal symptoms, colon polyps or gastrointestinal disease, such as abdominal pain, constipation, diarrhea, blood in stool, anemia, bleeding, requiring evaluation or treatment by colonoscopy.
- **Surveillance/High Risk Colonoscopy** – Patient is asymptomatic (no present gastrointestinal symptoms) and has a personal history of gastrointestinal disease (such as diverticulitis, Crohn's disease or ulcerative colitis), colon polyps and/or cancer. Patient in this category are required to under colonoscopy surveillance at shortened intervals.
- **Preventive Colonoscopy Screening** – Patient is asymptomatic (no present gastrointestinal symptoms), is 50+ years old or 45, if individual has a family history of colon cancer from the blood related family, and has no personal history of gastrointestinal disease, colon polyps and/or cancer. Patients in this category have not undergone a colonoscopy within the last 10 years.

Screening colonoscopy – if the health plan offers screening benefits, it will be covered at no cost to the patient.

Diagnostic or surveillance colonoscopy - patients may be required to pay co-insurance, deductibles and/or co-payments.

To determine the category of your colonoscopy and approximate insurance benefits, please do the following steps:

1. Self evaluation question:

- Did you report to the physician any of the GI related issue such as abdominal pain, bleeding, diarrhea or constipation, history of colitis, polyp or colon cancer? **If Yes , this is diagnostic colonoscopy. If No , this is screening colonoscopy**

2. Call your insurance company and verify your benefits and coverage by asking the following questions:

- Is **colonoscopy** (apply the answer from step 1) covered under my policy? Yes No
- If my procedure will be a preventive (screening) procedure, are there age or frequency limitations for my colonoscopy? (e.g., one every ten years over the age of 50, one every five years for a family history of colon cancer beginning at age 45, etc.) Yes No
- If the provider removes a polyp or takes a biopsy, will this change my out-of-pocket responsibility? (A biopsy or polyp removal may change a screening benefit to a medical benefit, which means more out-of-pocket expenses. Carriers vary on this policy.)
Yes No

9821 Greenbelt Road, Suite 103, Lanham, MD 20706

Telephone: 301-552-1801 Ext 121, 122, 129 Fax: 301-552-2695 www.greenbeltendoscopy.com

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Fees for the procedures are to be collected from the health care providers. Facilities for endoscopic procedures, anesthesia, pathology and lab tests will be billed separately.

Fees are broken down as follow:

- Physician Fee from your physician practice;
- Facility Fee from Greenbelt Endoscopy Center;
- Anesthesia Fee, if any, from Greenbelt Anesthesia Associate;
- Pathology Fee from the laboratory, if tissue samples are obtained from the procedure; and
- Any outstanding balance from your previous visits.

Health Insurance Plan Coverage

Today's health insurance plans are complicated and confusing. There are so many different calculations and methodologies used to determine the monthly premium. Generally speaking, the lower the monthly premium; the higher the 'out-of-pocket' will be for the patients. To prevent unnecessary unpleasant events, patients should understand their selected health plan coverage before making their choice of health care.

Most insurance policies have a co-insurance, deductible and co-payment and your portions of the cost depend on your insurance benefits.

"Deductible" in an insurance policy, is the amount of expenses that must be paid out of pocket by the insured/patient before the insurance company will pay any expenses. For example, if you have a \$5,000 deductible and you have not spent up to \$5,000, you will be responsible for any medical expenses up to \$5,000. Thereafter, your insurance company will start to pickup all or portion of any medical expenses.

"Co-insurance" is when the insurance company and the insured/patient share costs incurred after the deductible is met. Co-insurance is usually based on the percentage set within your benefits. For example, if you have a 90-10 insurer-insured co-insurance, after your deductible is met and you incurred in additional \$500 medical expenses, you will be responsible for a co-insurance payment of \$50, and your insurance company will be responsible for \$450.

"Co-Payment" or "Co-pay" is a fixed dollar amount that the insured/patient is to pay each time a medical service is accessed. It must be paid before the policy benefit is payable by the insurance company. For example, if you have a co-payment of \$25 per visit to see your physician, whether or not your deductible is met, you will require to pay \$25 each time you have an appointment with your physician.

We ask that all co-insurance, deductible and co-payment of the facility and anesthesia fee, if any are to be paid at the time of service. We accept payments by cash, VISA, MasterCard, Discover and American Express.

Please call your insurance company to confirm your insurance benefits immediately after you schedule your appointment. Call the number listed on the back of your insurance card, ask for Member Service Department. Check your plan coverage benefit for the planned procedures, screening colonoscopy benefit and any remaining deductible balance.

A staff from our billing department will contact you for your payment information before the scheduled procedure date. You are encouraged to discuss any payment questions with our billing team as early as possible. They can be reached at 301-552-1801, Ext 120 or Ext 121.

Thank you for your understanding and support as we strive to provide the best healthcare possible.

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