ROCHESTER GASTROENTEROLOGY ASSOCIATES

BILLING DEPARTMENT

1349 South Rochester Road Suite 210. Rochester Hills, MI 48307 | 248-844-2600 | EXT: 4

Financial Policy

The practice has established a financial policy to assist our patients in having a clear understanding of these financial responsibilities of both the practice and patient.

Rochester Gastroenterology Associates participates with many insurance plans. We follow the rules and guidelines of these plans. If you have insurance coverage, **please understand that your policy is a contract between you and the insurance company**, not the practice and the insurance company. Any charges not covered by an insurance plan are that patient’s responsibility.

**INFORMATION:** The patient is responsible for providing our practice with the most current insurance coverage, along with other demographic information such as address and phone number. We ask that you bring a copy of your driver’s license and insurance card(s) to each of your visits.

**INSURANCE COVERAGE**: It is important that you, as the patient, understand your individual insurance coverage including co-pay, coinsurance and deductible responsibilities. Not all services are covered benefits under all contracts.

**REFERRALS:** It is the patient’s responsibility to obtain any referral required by an insurance plan for scheduled services. Visits may be rescheduled if a required referral is not received in our office 24 hours prior to your appointment. If you are unsure of the referral requirements with your plan, please contact your insurance company directly.

**INSURANCE BILLING:** Our practice will submit insurance claims to primary and secondary insurance carriers, however, it is the patient’s responsibility to pay any office visit co-pays, deductibles or other specified patient responsibilities at the time of service.

**PROCEDURE INSURANCE COVERAGE:**

Insurance companies often provide coverage for a screening colonoscopy. However, not all colonoscopies qualify as screening\preventative. Please refer to the colonoscopy screening-diagnostic policy on our website for more information.

To assist you in determining your coverage of colonoscopy or endoscopy, both screening and diagnostic, we have listed some of the procedure codes that you can use to inquire with your insurance company.

Screening Colonoscopy: Patient presents for colonoscopy with no complaints or known conditions

Procedure Codes: G0121 Routine (LOW RISK) Screening Colonoscopy (BCBS,BCN,MEDICARE)

 45378 Routine Screening Colonoscopy (Most Commercial Insurances)

Diagnosis Codes: Z12.11 Screening Colonoscopy

 Z86.010 Personal History of Colon Polyps

 Z80.0 Family History of Colon Cancer

Diagnostic Colonoscopy: Patient presents for colonoscopy related to current symptoms and\or past\known medical condition etc.

 Procedure Code: 45378

 Diagnosis Code: Varies

If you are having a procedure, your insurance will be billed multiple claims.

 Professional Fee: This is the charge for the physician that preforms your procedure

 Histology Fee: This is the charge for any laboratory or biopsies services during your procedure.

 Facility Fee: This is the charge for the use of the facility where your procedure will be performed.

 Anesthesia Fee: This is the charge for Anesthesia services during your procedure.

Our experienced billing staff is available to assist with your financial needs. Should you have any questions or concerns, please contact our billing department at (248)844-2600.