

CENTER FOR COLON & RECTAL HEALTH, INC.

1203 LANGHORNE-NEWTOWN ROAD

SUITE 130

LANGHORNE, PA 19047

SURGERY OF THE COLON AND RECTUM

TELEPHONE 215-741-4910

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PATIENT-INSURANCE RESPONSIBILITY FOR COLONOSCOPY

As a patient, **prior** to your colonoscopy it is in your best interest to know and understand your insurance plan benefits and your responsibility to pay for any co-payments and deductibles. There will be up to four (4) charges submitted to your insurance:

- * your physician - Center For Colon & Rectal Health Tax ID# 26-3998079
- * the facility - The Endoscopy Center at St. Mary Tax ID# 20-5253494
- * anesthesia - Middletown Anesthesia (215-710-2196)
- * pathology - If a polyp(s) is removed or a biopsy taken

As soon as possible after scheduling your colonoscopy, please call the customer service number on your insurance card regarding your coverage and responsibility. If during a screening colonoscopy a polyp is removed or a biopsy is taken, the codes we use for billing will change. Make certain that your insurance will pay for a screening colonoscopy and/or a colonoscopy with removal of polyps, biopsy, diverticulosis, etc. Record the name of the person you speak with and the date of your call. The colonoscopy **procedure codes** we use are as follows:

Colonoscopy	45378
Colonoscopy with Biopsy	45380
Colonoscopy with Removal of Polyp	45385

The **diagnosis code** for a screening colonoscopy is Z12.11. If a biopsy is taken or a polyp is removed, additional diagnosis codes will apply based on the exam.

Also ask if you will have any payment responsibility to the Endoscopy Center at St. Mary (215-750-7700) where the colonoscopy will be performed. This is an **ambulatory surgical center** and some plans require copay or deductible payments from the patient for this place of service. As stated above, their Tax ID# is 20-5253494.

****YOU WILL BE RESPONSIBLE TO PAY THIS AMOUNT TO THE ENDOSCOPY CENTER****

**PLEASE BRING YOUR INSURANCE CARD AND PHOTO ID
AT THE TIME OF YOUR COLONOSCOPY**

Please sign and date that you have read the above. You will be given a copy to keep for your information and we will retain the signed copy for our records.

Patient

Date