



Center for Digestive Health

Troy Gastroenterology, P.C.
Troy Gastroenterology Anesthesiology
Surgical Centers of Michigan, LLC
Macomb Endoscopy Center, PLC

Financial Policy

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

Troy Gastroenterology 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 the patient's responsibility.

Information

The patient is responsible for providing our practice with your 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 copay, coinsurance and deductible responsibilities. Not all services are covered benefits under all contracts.

Insurance companies often provide coverage for screening colonoscopy. However, if during the procedure the physician removes a polyp or performs a biopsy, the procedure will then be considered diagnostic procedure and will not qualify for consideration as a screening procedure.

To assist you in determining your coverage of colonoscopy procedures, both screening and diagnostic, we have listed the 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: G0105 Routine (High Risk) Screening Colonoscopy
 G0121 Routine (Low Risk) Screening Colonoscopy

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

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 copays, deductibles or other specified patient responsibilities at the time of service.

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

Professional Fee: This is the charge for the Physician that performs your procedure.

Histology Fee: This is the charge for any laboratory or biopsy services if applicable 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.

Patient Responsibility

Payment of patient responsibilities is required at the time of service. **As of January 1, 2016, our practice will begin collecting patient responsibilities such as co-pays, deductible prepaids and outstanding balances prior to your appointment.** Patients that do not pay their copay at the time of service are subject to a \$5 processing fee.

Types of Payments Accepted

Payments can be made by cash, check, Visa, Mastercard, or Discover. We also offer an online payment option which can be accessed by selecting the XprsPay link on our website, www.troygastro.com.

Mailed Statements

Monthly statements sent to patients with outstanding balances. Please keep in mind that you may receive more than one statement as each type of service fee is billed separately (professional, facility, anesthesia and histology). Balances that have not been paid within 90 days may be subject to collection action unless payment arrangements have been established.

Payment Plans

Payment plan options are available upon request. We will work with patients that have accrued large balances to set up a fair payment schedule. Please understand that we cannot waive co-pays, co-insurances, deductibles or other amounts deemed your responsibility under your insurance contract as this subjects us to fraud and will expose us to penalties under the law.

Uninsured Patients

We are able to offer a cash fee to patients that do not have insurance coverage. Please be advised that the cash fee is only good when the charges are paid at the time of service. Please contact the billing department for more information.

Our experienced billing staff is available to assist you with your financial needs. Should you have any questions or concerns, please contact our billing department at (586) 726-8423.