

# Troy Gastroenterology, P.C.

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And its Affiliated Covered Entities: Center for Digestive Health, Macomb Endoscopy Center, and Surgical Centers of Michigan  
**Billing Department (586) 726-8423**

## 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 co-pay, coinsurance and deductible responsibilities. Not all services are covered benefits under all contracts.

### **Colonoscopy 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 procedures, 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:      G0105    Routine (High Risk) Screening Colonoscopy (BCBS/BCN, Medicare Plans)  
                                 G0121    Routine (Low Risk) Screening Colonoscopy (BCBS/BCN, Medicare Plans)  
                                 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

### **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.

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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. **Our practice collects patient responsibilities such as co-pays, deductible pre-pays and outstanding balances prior to your appointment.** Patients that do not pay their co-pay 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.

## **Mailed Statements**

Monthly statements are 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.

## **Automated Account Balance Calls**

Troy Gastroenterology and its Affiliated Covered Entities utilizes a call center telephone service that initiates a reminder call to the patient if there are any outstanding balances on the account at 30, 60 and 90 days. This service only receives minimal information, such as patient name, phone number and account balance.

## **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, coinsurances, 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 applicable 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.