

---

## **COLONOSCOPY FINANCIAL POLICY**

Thank you for choosing *Key West Surgical Group* for your medical care. This patient financial policy has been developed to help our patients understand their financial responsibilities regarding their healthcare benefits. Please read carefully and sign at the bottom. We suggest you keep a copy of this policy for your reference should any questions arise regarding your bill.

*The Affordable Care Act* allows for preventative 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 screening/preventive service. These guidelines may exclude those patients with; any current gastrointestinal signs and symptoms, history of gastrointestinal disease, a personal or family history of colon polyps or colon cancer, from taking advantage of the procedure at no cost. In cases like these, patients may be required to pay co-pays, co-insurance and/or deductibles.

**Please note: Although your primary care provider may refer you for a "screening" colonoscopy, you may not qualify for the "preventive/screening" benefit under your insurance plan. There are three colonoscopy categories:**

1. **Diagnostic/Therapeutic Colonoscopy:** The patient has past and/or present gastrointestinal symptoms, polyps, or gastrointestinal disease. Usually subject to copay, coinsurance and/or deductible.
2. **Surveillance/High Risk Screening Colonoscopy:** The patient is asymptomatic (no gastrointestinal symptoms either past or present) or has a personal history of gastrointestinal disease, colon polyps, and/or cancer. Patients in this category are required to undergo colonoscopy surveillance at shortened intervals. These procedures may be subject to copay, coinsurance and/or deductible.
3. **Preventative Screening Colonoscopy:** The patient is asymptomatic (no gastrointestinal symptoms either past or present), is 50 years or older, has no personal or family history of gastrointestinal disease, colon polyps, and/or cancer. The patient has not undergone a colonoscopy within the last 10 years. If these guidelines are met, may be covered at 100% under your plan.

---

**\*\*NOTE:** Having had a colonoscopy in the past makes a difference in how your insurance plan covers future colonoscopies. If you have a colonoscopy before insurance guidelines allow and *Key West Surgical Group* is unaware of this, you will be responsible for the fees associated with the procedure. \*\*

The colonoscopy procedure has three, possibly 4 separately billable components that consist of:

1. The professional services of the surgeon (Key West Surgical Group). Including the fee for the colonoscopy and removal of polyps if applicable.
2. The professional & medical services of the anesthesiologist.
3. The facility fee (Surgery Center of Key West or Lower Keys Medical Center).
4. Pathology/lab fees (if you have polyps removed or biopsies taken).

As a courtesy, our office will check with your health insurance plan to obtain a cost **estimate** and see if a pre-certification is required. We require pre-payment on all procedures and you will be asked to provide this at least one week prior to your procedure. We can never guarantee how your health insurance will pay for your services. It is always a good idea to call your insurance and understand your benefits and your health insurance expectations.

I have read and fully understand the above information:

**Name of Patient:** \_\_\_\_\_ **Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

---

If patient is unable to sign

Name of person authorized to sign: \_\_\_\_\_ Relationship to patient: \_\_\_\_\_