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BILLING INFORMATION FOR PROCEDURES

Dear Patient,

In effort to make sure you receive the highest level of coverage, please read and follow the instructions below:

Prior to your scheduled procedure –

1. Contact your insurance carrier to obtain benefits, coverage and questions about your plan. Your procedure will be performed at an Ambulatory Surgical Center (ASC). **The codes below will help determine your out-of-pocket expenses.** Our billing department will notify you prior to your procedure if a payment is due upfront. Failure to respond or make payment could cause a delay in scheduling.

PROCEDURE CODE(s):

45380 - Colonoscopy with Biopsy

43239 - EGD with Biopsy

(Provided by your physician's office)

DIAGNOSIS CODE(s):

(Provided by your physician's office)

TAX ID NUMBERS: You may receive **multiple** billings from the following entities:

- Facility Fee: *Loudoun Endoscopy Group*, Tax ID # 352262365
- Physicians Fee: *Colon Stomach and Liver Center*, Tax ID # 161650640
- Lab/Pathology Fee: *Colon Stomach and Liver Center*, Tax ID # 161650640
- Anesthesia Fee: *Metropolitan Anesthesia Consultants*, Tax ID# 264015414



Most, but not all insurance providers are in network with *Metropolitan Anesthesia Consultants*.

This is a good faith estimate; If your claim is processed out-of-network, you will be charged a maximum fee of \$150.00.

Surveillance/High Risk Colonoscopy– Patient does not have any current symptoms. However, the patient has a personal history of colon polyps and/or cancer. Patients in this category usually have colonoscopies every 2-5 years. **The procedure may be subject to copay, coinsurance, and/or deductible.**

Screening/Preventative/Average Risk Colonoscopy – Patient has no symptoms, is the appropriate age, and has no personal history of colon polyps and/or cancer. Patients in this category usually have colonoscopies every 10 years. If these guidelines are met, the procedure may be covered at 100% depending on your insurance policy benefits.

EGD: Patient has symptoms that justify medical necessity.

Cancellations: If it is necessary to cancel your scheduled appointment, we require that you call 2 weeks in advance.

Procedure Cancellation / No-Show Fee: \$ 250.00

Due to the number of insurance companies and policies, we are unable to take responsibility for knowing your insurance benefits. You must contact your insurance company to question your plan and coverage. Our office will obtain a precertification if it is required, but this is not a guarantee of payment.

If you have questions regarding this information, please contact our Billing Department at (703)723-3670.

Patient Signature: _____ Date: _____