



Satinder Gill, MD | Hiwot Desta, MD | Rahul Kataria, MD
Hani Sabahi, MD | Juan De La Ossa, DO
19455 Deerfield Avenue, Suite 201
Lansdowne, VA 20176
(P) 703.723.3670 | (F) 877.325.2018

BILLING INFORMATION FOR PROCEDURES

Dear Patient,

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

Prior to your scheduled procedure -

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. **Please notify the office of any insurance changes.**

PROCEDURE CODE(s): (if applicable)

45378 - Colonoscopy

43235 - EGD

(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:** Gastroenterology Associates, Tax ID #541604636
- **Lab/Pathology Fee:** Gastroenterology Associates, Tax ID #541604636
- **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 or reschedule your scheduled appointment, we require that you call two (2) weeks in advance. **Procedure Cancellation / No-Show Fee is \$500.00.**

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: _____