

CENTER FOR COLON & RECTAL HEALTH, INC.

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LANGHORNE, PA 19047
SURGERY OF THE COLON AND RECTUM

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PATIENT-INSURANCE RESPONSIBILITY

As a patient, **prior** to your colonoscopy it is in your best interest to know and understand your insurance plan benefits and your responsibility to pay for any co-payments and deductibles. There will be up to four (4) charges submitted to your insurance:

- * your physician - Center For Colon & Rectal Health - tax ID# 26-3998079
- * the facility - The Endoscopy Center at St. Mary - tax ID# 20-5253494
- * anesthesia - Middletown Anesthesia (215-710-2196)
- * pathology - If a polyp(s) is removed or a biopsy taken

As soon as possible after scheduling your colonoscopy, please call the customer service number on your insurance card regarding your coverage and responsibility. If during a screening colonoscopy a polyp is removed or a biopsy is taken, the codes we use for billing will change. Make certain that your insurance will pay for a screening colonoscopy and/or a colonoscopy with removal of polyps, biopsy, diverticulosis, etc. Record the name of the person you speak with and the date of your call. The colonoscopy procedure codes we use are as follows:

Screening Low Risk	G0121 (diagnosis code V76.51)
Screening High Risk	G0105 (diagnosis code V76.51)
Colonoscopy with Diagnosis	45378 (diagnosis code varies)
Colonoscopy with Biopsy	45380 (diagnosis code varies)
Colonoscopy with Removal of Polyp	45385 (diagnosis code 235.2)

Also ask if you will have any payment responsibility to the Endoscopy Center at St. Mary (215-750-7700) where the colonoscopy will be performed. This is an **ambulatory surgical center** and some plans require copay or deductible payments from the patient for this place of service. As stated above, their tax ID# is 20-5253494.

****YOU WILL BE RESPONSIBLE TO PAY THIS AMOUNT WHEN YOU ARRIVE
AT THE ENDOSCOPY CENTER ON THE DAY OF YOUR COLONOSCOPY****

Please sign and date that you have read the above. You will be given a copy to keep for your information and we will retain the signed copy for our records.

Patient

Date