

Mountain View Gastroenterology, PC

Explanation of Your Bill for a Procedure

For a procedure that is scheduled, the total cost for your medical services may be divided into four fees:

- 1.) The Physician's fees: Physician professional fee is for providing the procedure and interpreting results.
- 2.) The Surgery center's fees: The surgery facility bill is separate from the physician's bill. The surgery facility fee covers facility costs, which include the cost of nurses, technicians, equipment and supplies involved in the performance of your procedure. This is billed from the surgery facility not the physician's office.
- 3.) Pathologist's fee: You will be billed separately by the Pathologist and/or Pathology Company reviewing the biopsy if biopsies are performed during your procedure.
- 4.) Anesthesiologist fee: The surgery facilities subcontract with Board Certified Anesthesiologists. You will be billed separately for their services.

*Each fee will be billed separately by the provider of service.

We receive a quote of benefits and/or pre-certification prior to your procedure(s). We encourage all patients to call their insurance company to request a quote of benefits/notification prior to their procedure(s), so that they can be made aware of their financial responsibility.

It is fully understood that the verbal financial responsibility is only an **ESTIMATE** based on a baseline procedure, which may change after insurance benefits have been settled and/or of additional procedures are performed, such as a biopsy of an abnormal finding and/or if polyps are removed.

You have been asked to schedule a procedure that the doctor has recommended. **You need to be informed that if the physician performing your procedure finds a polyp or abnormality, your benefits may change and your insurance company may pay differently. (As in a diagnostic procedure instead of a screening procedure).** If you have any further questions or concerns, please contact your insurance company or feel free to call our office at 520-320-1369. We will answer your questions as detailed as possible.

I have read and understood the above information and have been made aware of the financial responsibility of this scheduled procedure.

Patient Signature: _____ Date: ____/____/____