

Carrier Benefits Verification

1. Is the procedure and diagnosis covered under my policy ? Yes No

2. Will the diagnosis code be processed as preventative, surveillance, or diagnostic and what are my benefits for that service? (Benefits vary based on how the insurance company recognizes the diagnosis).

Diagnostic/Medical Necessary Benefits

Deductible: _____ Coinsurance Responsibility: _____

Facility in Network: Yes No

Preventative/Wellness/Routine Colonoscopy Benefits:

Are there age and/or frequency limits for my colonoscopy? (e.g. one every ten years over the age of 50, one every two years for a personal history of polyps beginning at age 45, etc)

No Yes if so; _____

Deductible: _____ Coinsurance Responsibility: _____

3. If the physician removes a polyp, will this change my out of pocket responsibility? (A biopsy or polyp removal may change a screening benefit to a medical necessity benefit: more out of pocket expenses. Carriers vary on this policy.) No Yes

Representative's Name: _____ Call Reference #: _____

Date: _____

Call the Illinois Gastroenterology patient account representative at 309-451-1123 with any questions or concerns. They are a great source of information and are happy to help if you are struggling to understand your financial obligations. However, it is still necessary for you to FIRST call your insurance company and ask the above questions.