



# COASTAL ENDOSCOPY CENTER, LLC

175 Gunning River Road | Building A | Unit 4 | Barnegat, NJ 08005-1436  
Tel: (609) 698-0700 Fax: (609) 698-0777

## PATIENT INSURANCE RESPONSIBILITY

As a patient, it is in your best interest to know and understand your insurance plan benefits and your financial responsibility for any co-payments, deductible and co-insurance that may be assessed by your insurance carrier *prior* to your procedure at the center.

As soon as possible after scheduling your procedure, call the Member Services Department or Customer Service Department number located on your insurance card regarding your coverage and financial responsibility. Tell them that you have been scheduled by your doctor at Coastal Gastroenterology Associates (Tax ID 22-3715091) for a procedure and Coastal Endoscopy Center, LLC (Tax ID 32-0280230). Please verify if your insurance plan will pay for a screening colonoscopy: CPT code G0121 or G0105. This is a preventative benefit and most commercial plans will waive the copay and/or deductible for a screening colonoscopy. Record the name of the person you speak with, the date and time of your call and ask for a reference number for your inquiry. The Human Resource Department at your place of employment may be a source of information and assistance.

### **The colonoscopy procedure codes we use are as follows:**

Screening colonoscopy low risk	G0121
Screening colonoscopy high risk	G0105
Colonoscopy with Diagnosis	45378
Colonoscopy with Biopsy	45380
Colonoscopy with Removal of Polyp	45385

### **The upper endoscopy codes we use are as follows:**

Upper GI endoscopy/diagnostic	43235
Upper GI endoscopy w/ injection/sclera therapy	43236
Upper GI endoscopy w/ biopsy	43239

You may receive up to four (4) bills for your treatment at our center

1. Your physician, the Coastal Gastroenterology Associates or Medical Associates of Ocean County, PA
2. Coastal Endoscopy Center, LLC
3. Mobile Anesthesia Service Concepts, LLC or Morris Anesthesia Group
4. Aurora Pathology (Pathology Solutions) or LabCorp (if biopsy is taken)

Also ask your insurance carrier Member Services/Customer Service Department if you will have any financial responsibility to our center. We are a Medicare Certified ambulatory surgical center and some plans require co-pay or deductible payments know as a FACILITY FEE from the patient for this place of service.

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

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Signature

Date

03/17/2017