

## WEST NORMAN ENDOSCOPY CENTER, LLC

### Most Common Insurance Plans We Accept

\*If your insurance is not listed below please feel free to call the facility to verify if they can accept your insurance\*

Medicare Medicare Railroad	Blue Cross Blue Shield
Aetna	United Healthcare
First Health	Medicaid
Champus/ChampVa	Tricare for Life
Coventry	HealthChoice
Pacificare	UMR
Multiplan/PHCS	CL Frates
GEHA	Humana Military
Indian Health Service	

### **FEES:**

You may receive three statements for different fees associated with your procedure:

1. "Professional Fee" from GI of Norman, LLC. This is the charge from the physician who performed your procedure.
2. "Facility Fee" from West Norman Endoscopy Unit. This charge is for the use of the endoscopy facility and includes the use of endoscopy equipment, medications and nursing staff.
3. "Pathology Fee" from Pathology Consultation Services, GI Pathology, or Norman Regional Hospital. This fee only applies when biopsies are taken or polyps removed.

In some cases, an "anesthesia fee" may be charged but only when an anesthesiologist is required for the procedure.

### **INSURANCE COVERAGE:**

Endoscopy procedures are generally "covered" by insurance when recommended to investigate **symptoms**. Insurance coverage for colon cancer **screening** is less predictable although Medicare and many HMO and PPO plans provide coverage. If you have questions regarding your benefits, please contact your insurance plan directly and ask them, "Is colonoscopy for colon cancer screening (CPT code 45380, ICD-9 code V76.51) a covered benefit?" Make a note of the representative's name and the date and time you called for your records. If you are told that a procedure is not covered, call us to discuss your options including self-payment and alternative procedures.

***Please remember, it is your responsibility to ensure that insurance "covers" a procedure done for screening. West Norman Endoscopy Unit, LLC is not responsible if the insurance claim is denied.***

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### **OUT OF POCKET EXPENSE:**

A patient's share of the cost of a procedure, the "out of pocket expense", is defined by the patient's insurance policy. Out of pocket expenses include deductibles and co-payments for ambulatory surgery. Deductibles can be annual or per procedure. Co-payments for ambulatory surgery are usually higher than for office visits. Almost all plans, including HMOs and PPOs, have deductibles and co-payments for ambulatory surgery. Call your insurance plan to determine your deductible, how much of that deductible remains, and the co-payment for ambulatory surgery.

***For any endoscopic procedure, the patient's insurance company determines the deductible and co-payment amounts. The patient is financially responsible for these amounts.***

### **SELF PAY:**

If you do not have medical insurance, we do have options available for you to satisfy your medical bill. These options will be discussed with you when your procedure is scheduled.

**If you have any further questions, please do not hesitate to call our business office at 405-364-5900.**