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## **Financial information for patients having a colonoscopy and/or upper endoscopy**

As a Gastroenterology Practice, we believe it is important for each patient to understand as much about having a colonoscopy and/or upper endoscopy as possible, before undergoing the test. Part of having a procedure performed is the financial responsibility that goes along with it. We would ask that you take a moment and read the information below.

If you undergo a colonoscopy and/or upper endoscopy, you could potentially receive a bill from **four** providers:

1. Dr. Seara as the gastroenterology professional
2. The facility where you have the test done - Space Coast Endoscopy Center or Rockledge Medical Center
3. The anesthesia care provider – the professional who sedates you for the test
4. The pathology services company - pathology services will only apply **if** a biopsy is taken

It is important to understand that in medical language there are two different types of procedures that apply to colonoscopies. One type of colonoscopy is a “routine or screening colonoscopy.” The other is a “diagnostic colonoscopy.” It is important that you understand the difference between the two and that you ask your insurance company how they pay for each, according to your particular plan. A “routine or screening” colonoscopy is one where you are having the procedure done simply because you are of the determined age (usually 50 years or older) and it is time for colon cancer screening. It is also considered a routine or screening colonoscopy if you have a history of polyps, a personal history of colon cancer, a family history of colon cancer, and you are not having any colon symptoms that are the deciding reason for the colonoscopy. A “diagnostic” colonoscopy is a procedure being ordered because you have a symptom that is the reason for the test. An example of this could be anemia, abdominal pain, blood in your stool, or a change in bowel habits. You could be seen in the office for a “routine or screening” colonoscopy, and during the procedure if Dr. Seara finds a polyp or any other significant finding, the type of colonoscopy then becomes “diagnostic.” **That may change your insurance company’s determination for the procedure and it may change what you are responsible to pay. Medical coding is done based on medical findings and cannot be changed.**

For this reason we suggest that you ask your insurance company how they pay for each type of colonoscopy, before you have your procedure. It is also important to ask how often your policy covers a “routine or screening” colonoscopy. It can vary from one plan to another.

Our office will do our best to help you determine your cost to Dr. Seara, prior to having your test done. You may receive a call from someone on our staff and be asked to pay a deposit before your procedure is performed. This means a review of your deductible and coinsurance was done and a portion of Dr. Seara’s fee will be your financial responsibility. **It is important that you understand your insurance company may change the amount you owe, after the test has been done,** and in this case you will receive a refund or an invoice for the additional amount. **The cost of your procedure is fully determined by your insurance company.** We hope this helps to clarify any questions you may have regarding the potential financial responsibility you may have related to your procedure.