

**MORRIS COUNTY GASTROENTEROLOGY ASSOCIATES, PA**

**A DIVISION OF SKYLANDS MEDICAL GROUP**

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**COLONOSCOPY NOTIFICATION STATEMENT**

You may receive bills from up to 5 separate entities associated with your Colonoscopy, i.e., physician, facility, anesthesia, pathology, and pathologist. The office will be submitting your claim to your insurance company on behalf of the physician. We can only provide you with information associated with our fees. The most common billing codes for Colonoscopies are:

Colonoscopy: 45378

Colonoscopy with Biopsy: 45380

Colonoscopy with removal of polyp or growth: 45385

The diagnosis code that will be submitted for a Routine/Screening/Preventative Colonoscopy, meaning you have no symptoms or problems, will be **Z12.11** followed by all other findings. ***Please sign below #1.***

If you are experiencing symptoms i.e., abdominal pain, anemia, rectal bleeding etc. Please contact your insurance company about your benefits for a Diagnostic Colonoscopy. ***Please sign below #2.***

**We strongly suggest that you call your insurance company and verify benefits and coverage for both the Colonoscopy and Anesthesia. Most insurance companies, *NOT ALL*, cover a Screening colonoscopy starting at age 50. A screening Colonoscopy is done absent of *ANY* symptoms prompting the procedure. A colonoscopy is defined by your insurance company as a diagnostic procedure and *NOT* a screening or preventative procedure if you have *ANY* symptoms, i.e., rectal bleeding, anemia, abdominal pain, etc.**

**Dr. Barbarito and Dr. Soriano can NOT change, add, or delete any diagnosis code that has been submitted with your insurance company. The patient encounter is documented as a medical record from information you have provided. It is a binding legal document that can NOT be changed to facilitate better insurance coverage/payment.**

PLEASE CALL THE SKYLANDS MEDICAL GROUP BILLING OFFICE REGARDING ANY BILLING QUESTIONS OR CONCERNS YOU MAY HAVE. THEY CAN BE REACHED DIRECTLY AT 973-383-2971.

#1. I \_\_\_\_\_ am having a ROUTINE SCREENING PREVENTATIVE COLONOSCOPY. I AM SYMPTOM FREE.

#2. I \_\_\_\_\_ am having a DIAGNOSTIC COLONOSCOPY for the indication of \_\_\_\_\_ (list symptom, i.e., abdominal pain, anemia, rectal bleeding)

Dated \_\_\_\_\_

Print Patient Name: \_\_\_\_\_