

**IMPORTANT INFORMATION:  
PLEASE READ CAREFULLY**

**If pre-certification is needed** please the  
office and leave voicemail:  
**Marsha (773)763-2544**

It is very important that you contact your insurance carrier regarding **Pre-Certification** notification for any scheduled procedures. Failure to notify your insurance company may result in denial of a claim. If this occurs you will accept full financial responsibility for payment of all charges both from the doctor(s) and the medical facility. It is also important to check your benefits to ensure that your plan will cover your procedure(s). The following codes are to provide to your insurance company:

Gastroscopy: (43239)

Office Procedure

Colonoscopy: (45380)

Outpatient Procedure

Flexible Sigmoidoscopy: (45330)

ERCP: (43260)

Upper endoscopic ultrasound: (43242)

Lower endoscopic ultrasound: (45392)

Esophageal Manometry: (91010)

Barrx Procedure: (43270) *(It is the patients responsibility to confirm with the insurance to see if this is a covered service under the health care plan)*

\*\*\*If you have HMO insurance it is your responsibility to ensure that the office has your referral before the date of your procedure. Failure to do so may result in the cancellation of your procedure.

**IT IS YOUR RESPONSIBILITY TO NOTIFY OUR OFFICE OF ANY CHANGES TO YOUR INSURANCE AT LEAST 72 HOURS PRIOR TO YOUR PROCEDURE FAILURE TO DO SO MAY RESULT IN CANCELLATION OF YOUR PROCEDURE.**

**SEDATION AND PATHOLOGY:**

You will receive a separate bill for these services. Any matters arising from Anesthesia or Pathology billing are handled directly by those providers. Please contact Medi-Corp (866-226-9156) for Anesthesia or Southwest Gastro (815-401-1184) for pathology directly as this office does not bill these services or handle any disputes with insurance carriers for these services.

**CANCELLATION FEE:**

Due to escalating costs, failure to give notice of cancellation of you procedure will result in a \$250 cancellation fee not reimbursed by insurance. Notification must be given at least three business days prior to your scheduled procedure.

**ON THE DAY OF YOUR PROCEDURE:**

- Please wear comfortable clothing
- Please leave all valuables at home, including jewelry.
- Bring an updated list of medications including the name of the medication, the dosage, and the frequency in which you take it. Please include all prescription medications, over the counter medications, and herbal supplements. If easier, you may bring in the bottles of medications.