



ALASKA COLORECTAL SURGERY

2751 DeBarr Road, Suite 280
(907) 222-1401

June M. George, M.D.
Kerrie R. Bossard, M.D.

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INSTANT ACCESS COLONOSCOPY **INSURANCE VERIFICATION**

This form was created to help you verify your insurance benefits.

This form needs to be completed in its ENTIRETY (prior to your prep appointment), or we will not bill your insurance for the procedure, and you will be expected to pay up front.

Our colorectal surgeons are NOT preferred providers with any insurance company, therefore we are considered Out-of-Network.

Please have the following information available when calling your insurance company:

- Insurance Company Name: _____
- Insurance Company Phone Number (on back of your card): _____
- Patient Name: _____ Date of Birth: _____
- Policy Holder Name: _____ Date of Birth: _____
- ID Number: _____
- Name of representative you talked to: _____ Date & Time: _____

Our information is the following:

Alaska Colorectal Surgery
2751 DeBarr Road, Suite 280
Anchorage, AK 99508

TAX ID: 92-0177040

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NPI: 1891735346
NPI: 1326006925
NPI: 1548267032
NPI: 1568660835

Please proceed to the next page



1) Tell the representative that you are calling regarding OUT-OF-NETWORK physician service benefits for:

Surgery Date: ____ / ____ / ____ Procedure Code (CPT): **45378** Diagnosis (ICD-10): **Z12.11**

Cost of Procedure: **\$1883.00** Amount the insurance allows for CPT (Allowable): \$ _____

**** Screening/Routine Colonoscopy – most insurance companies will not cover under age 50 ****

Please be advised the CPT code and cost above are only for SCREENING COLONOSCOPY, if a polyp or other condition is found, your procedure and diagnosis code will change.

This will deem your colonoscopy MEDICAL and other benefits may apply.

Some other CPT/ICD-10 codes to check on (in case it becomes medical):

Procedure Code (CPT): **45380**

Possible Diagnosis (ICD-10): **D12.0-D12.9 (specific code is dependent on location of neoplasm found)**

Cost of my procedure: **\$2071.00** Amount the insurance allows for CPT (Allowable): \$ _____

Procedure Code (CPT): **45385**

Possible Diagnosis (ICD-10): **D12.0-D12.9 (specific code is dependent on location of neoplasm found)**

Cost of my procedure: **\$2668.00** Amount the insurance allows for CPT (Allowable): \$ _____

2) What is my yearly deductible? Per Individual \$ _____ Per Family \$ _____

3) How much of the deductible has been met this year? Individual \$ _____ Family \$ _____

4) What is my out of pocket maximum? _____ Has it been met? _____

5) What is my co-insurance level? _____

6) Is a pre-certification required for this procedure? YES ___ NO ___ If Yes, # to call: _____

7) Ask if your claims will be paid at the preferred rate? YES ___ NO ___
Please tell your insurance company that Alaska Colorectal Surgery is the only group of colorectal specialists in Alaska. If No, ask for a benefit exception so that your claims will be paid at the preferred rate.

I understand that as a policyholder with **AETNA**, it is required to obtain a Benefit Deficit **PRIOR** to my treatment.

8) For some services, insurance carriers state they will pay 100% of usual and customary. Please secure the amount your insurance carrier will pay based on our office not being a preferred provider.
\$ _____

9) Ask for reference number once your call is completed. Reference #: _____

I understand that the above is an estimate only. I understand that I am financially responsible for any balances, after insurance pays, and that they must be paid within 10 days. Full payment will be required at the time of pre-op appointment, if this form is not completed in its ENTIRETY.

Signature of Patient/Legal Guardian

Date