

UNDERSTANDING YOUR BILL(S)

It is important to understand how your services will be billed. Because insurance plans vary widely we strongly recommend you speak with your insurance company prior to any procedures.

*There are different rules by insurance companies regarding colonoscopies. Some pay a screening colonoscopy differently than a diagnostic colonoscopy. Screening colonoscopies are performed at recommended intervals after you turn 45 and are **NOT** based on any symptoms the patient may be experiencing. Diagnostic colonoscopies are performed **BECAUSE** of symptoms, testing or health history.*

For most procedures you will receive a minimum of 2 bills, possibly more. Our team works to simplify billing, however, most insurance companies do not allow us to bill for all services provided by different team members. Here is an explanation of the bills you will receive:

Surgery Center Bill- Facility Fee

Iowa Endoscopy Center is the facility we use for most procedures. The fee you receive from IEC is for the staff, equipment, and supplies we used during your procedure. Once your insurance company pays their portion of this bill you will be sent a statement giving you a final balance. We ask you to pay this balance within 30 days after your statement is received.

Physician's Bill

Iowa Digestive Disease Center is the company that will send you the fee for your physician's services. Because the physicians are not employed by the Iowa Endoscopy Center, they must send their bill for services from their clinic.

Pathology and /or Lab Bill

If the physician sends blood or a tissue sample for review by a lab, you will receive a separate bill for this service. Some common services include but are not limited to: GI Pathology lab, Mercy Clinical Lab, and Pathology Associates. Again, we are unable to bill for services provided by a non-employed physician and provider.

Hospital and Anesthesiologist's Bill

If services are provided in a hospital setting you will receive a separate bill from the hospital and the anesthesiologist. Questions about these bills must be addressed with these specific providers.

Other Services

There may, on rare occasions, be other bills for services- such as durable medical equipment and other consultative physician services.

Statements

You should receive your first statement from your procedure about 30 days post procedure. This will not be sent out until we have adjusted payments from your insurance companies. After receiving your first statement, you will have 30 days to pay on that balance. We allow 90 days and two additional statement notifications of payments prior to sending patients to collections. Patients are responsible to communicate with us, if there are questions about billing or would like to set up a payment account.

Self- Pay Patients

Patients without insurance are able to set up payment plan through our billing department. We prefer that this is set-up 5-10 business days prior to your visit or procedure. Please contact our billing department or stop in to our clinic to get this set up.

Questions To Ask Your Insurance Company

1. How much does my plan pay for screening colonoscopies vs diagnostic?
2. Is the doctor and providing my service and location of my service in-network?
3. How much is my Out of Pocket responsibility?