

EXPLANATION OF YOUR BILL

You are scheduled for a procedure at Sun City Endoscopy Center. The total cost may be comprised of four provider fees: the Sun City Endoscopy Center's fee, the physician's fee, the anesthesia fee, and the pathologist's fee. Each individual provider bills fees separately.

- **Sun City Endoscopy Center's fee** covers the cost of providing the technicians, nurses, equipment, and supplies involved in the performance of your service. Co-pays, Co-Insurance, and Deductibles are due at the time of service. If your insurance company finds you are responsible for an additional balance after processing the claim, you will be billed separately for that amount and payment will be due within 30 days. If you have any questions regarding your bill from Sun City Endoscopy Center, please call their **Billing Department** at **(623) 274-3033**.

- The **Physician's Professional Service fee** is for providing the endoscopy procedure, supervising, interpreting and consulting with you and your referring physician. Your physician from **Arizona Digestive Health** will bill you separately for the physician's professional fee. If you have any questions regarding your physician's bill, please call their **Billing Department** at **(602)264-9100**.

- The **Pathology fee** is for services if there are biopsies taken during your procedure. You will be billed by the **Pathology** groups reviewing the tissue. Please call them with billing issues. **ADH Pathology— (602) 264-9100** or **AmeriPath— (602) 441-2000**

Interpreting your insurance explanation of benefits (EOB):

- **Total Charges:** This is the total amount each provider will bill to insurance.
- **Allowed Amount:** This is the total amount expected to be paid by insurance and/or patient combined. (It is also called the negotiated amount or contracted amount).
- **Payable amount:** This is the amount that the primary insurance will pay.
- **Patient responsibility:** This is the difference between the allowed amount and the payable amount. This represents any deductibles and co-payments or co-insurance. If you have a secondary insurance they may pay for all or part of the “patient responsibility”, depending on your contract.

Colonoscopy Patients

The majority of colonoscopy procedures fall into one of two categories:

- **Diagnostic colonoscopy** - Patient has past or present gastrointestinal symptoms, polyps, or gastrointestinal disease.
- **Preventative Colonoscopy Screening** - Patient is asymptomatic (no gastrointestinal symptoms either past or present), over the age of 50, has no personal or family history of gastrointestinal disease, colon polyps or cancer, and the patient has not undergone a colonoscopy within the last 10 years.

Only the preventative category will qualify to be performed at no-cost to the patient. Your primary care physician may have referred you for a screening colonoscopy; however, due to your medical history you may not qualify for the preventative screening category.

If you are unsure which category your colonoscopy may fall under, please contact your insurance company for clarification. Patients may still be responsible for other services associated with the procedure, such as anesthesia, pathology and facility fees.