Southwest Community Gastroenterology

Suresh K. Mahajan MD

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Phone (440) 816 - 2789 | Fax (440) 816 - 2811

YOU WILL BE RESCHEDULED IF THE ATTACHED PAPERWORK IS NOT RETURNED BEFORE YOUR APPOINTMENT

Dear Patient,

Return the completed forms before your appointment by email, mail, fax, or in-person.

Your appointment is scheduled at our office location in Building C, Suite C 101, near the Seidman Cancer Center at Southwest General Health Center. This appointment is an office consultation, not a procedure. It is required that you have a consultation appointment before any procedures are scheduled.

Bring the following with you:

- Medication List
- Photo ID
- Insurance Card
- Form of payment: Credit, Debit, Cash, or Check

If you need to cancel your appointment, please call at least 24 hours before your scheduled appointment. Feel free to call the office with any other questions or concerns.

See you soon,

Southwest Community Gastroenterology

VERY IMPORTANT

YOU ARE RESPONSIBLE FOR VERIFYING INSURANCE COVERAGE TO BE SEEN BY DR. SURESH MAHAJAN AND SOUTHWEST GENERAL HOSPITAL.

IT IS IMPORTANT THAT BOTH ARE IN NETWORK WITH YOUR INSURANCE PLAN BEFORE YOU ARE SEEN.

Screening Colonoscopy vs Diagnostic Colonoscopy

It is important to be educated on the state and federal guidelines for reimbursement services regarding your colonoscopy.

The Centers for Medicare & Medicaid Services (CMS) "Preventative Screening Initiative" passed in January 2011 dictates that patients undergoing a "screening colonoscopy" will not be held to their coinsurance or deductible responsibilities.

The definition of a "screening colonoscopy" per CMS guidelines is as follows:

"A colonoscopy being performed on a patient who does not have any signs of symptoms in the lower GI anatomy **PRIOR** to the scheduled test"

Any symptoms such as change in bowel habits, diarrhea, constipation, rectal bleeding, anemia, etc. prior to the procedure and noted as a symptom by the physician in your medical record may change your benefit from a screening colonoscopy to a diagnostic colonoscopy.

Please Note: If you have had a colonoscopy within the last 10 years and the result indicated you had colon polyps, you are NOT eligible for a Preventative Screening Benefit. Your next colonoscopy will be considered a diagnostic colonoscopy.

If you are under the age of 50 and are here for a screening colonoscopy, you may not be eligible for Preventative Screening Benefits. It is your responsibility to know your insurance policy. Please contact your insurance company with questions regarding your benefits prior to your procedure.

Please be advised that if your doctor finds a polyp or tissue that must be removed for pathological testing, the specimens are NOT covered by the Preventative Screening Benefit and will be applied toward your deductible or coinsurance.

Understanding Your Colonoscopy Bill

Expect to receive 3 or 4 bills for your procedure:

- Physician Services
- Anesthesia
- Pathology
- Facility Fee

Starting at age 45, colonoscopies are recommended every 10 years to check for signs of colorectal cancer, the 2nd leading cause of cancer-related deaths in the United States.

It is important to get a colonoscopy if it is ordered by your doctor. Understanding the factors related to how it is billed can help you understand the potential cost so you feel more comfortable with this aspect of screening.

See next page →

Billing Factors

Several coding factors go into the billing of your colonoscopy. They include how the procedure is coded on the claim, who performs the screening, and the facility where your colonoscopy is performed.

- **Coding:** Talk to your doctor about whether the procedure will be coded as preventative or diagnostic. Preventative screenings are used to evaluate your current health status when you are symptom-free. They are generally covered at no cost to you. Diagnostic care is a medical treatment used to manage or treat a known issue or health condition. If your colonoscopy is coded as diagnostic, you will likely need to pay a copay, deductible, or coinsurance.
- **Providers:** Ask your doctor about the other professionals caring for you during your screening, including an anesthesiologist. You may be billed separately by each provider involved in your procedure.
- **Facilities:** Discuss where the procedure will be performed. Facility fees may be very different depending on which hospital or surgery center you go to.

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Suresh K. Mahajan, M.D.

Specializing in Gastroenterology & Hepatology

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swcommunitygastro.com

Patient Information

Patient Name: _____ ☐ female ☐ male

Age: _____ Date of Birth: _____

Address: _____

City: _____ State: ____ Zip: _____

Home Phone: _____ Cell Phone: _____

Email: _____

Race: _____ Language: _____

Parent or Spouses Name: _____

Primary Care Physician or Family Doctor: _____

Name and address/phone of nearest relative (for emergency use: _____

_____

_____

Pharmacy Name and Address: _____

Insurance Information

PRIMARY INSURANCE INFO
(be sure to bring card to appointment)

Insurance Company _____

Insured Name _____

Insured DOB _____

SECONDARY INSURANCE INFO
(be sure to bring card to appointment)

Insurance Company _____

Insured Name _____

Insured DOB _____

PATIENT MEDICAL QUESTIONNAIRE

Name: _____

Referring Physician: _____

What problem brings you to a gastroenterologist? _____

_____

How long have you had this problem? _____

IF YOU HAVE ALREADY BEEN TESTED OR TREATED FOR THIS PROBLEM, PLEASE COMPLETE THE FOLLOWING:

Test or Treatment	Date	Location	Physician

PLEASE LIST ANY PAST SURGICAL OPERATIONS:

DATE	SURGERY	HOSPITAL

Have you ever had a blood transfusion? ☐ **Yes** ☐ **No**

CURRENT MEDICATIONS, OVER THE COUNTER MEDS AND HERBALS

NAME OF DRUG	DOSE	DATE STARTED

Are you allergic to any medications? ☐ **Yes** ☐ **No**

If yes, please list medication(s) and allergic reaction(s):

_____

PERSONAL HABITS:

Tobacco ☐ Yes ☐ No Cigarettes per day: _____ Years: _____

Alcohol ☐ Yes ☐ No Drinks per day: _____ Years: _____

Do you Vape? ☐ Yes ☐ No

Do you or have you ever used street drugs of any kind? ☐ Current User ☐ Used in the Past ☐ Never Type: _____

Have you recently traveled outside the United States? ☐ Yes ☐ No If yes, where? _____

Have you had an upper endoscopy before? ☐ Yes ☐ No If yes, when? _____

Have you had a colonoscopy before? ☐ Yes ☐ No If yes, when? _____

HAVE YOU EVER HAD ANY OF THE FOLLOWING?

Colon polyps	☐ Yes	☐ No	Liver problems	☐ Yes	☐ No
Colon Cancer	☐ Yes	☐ No	Thyroid disease	☐ Yes	☐ No
Other Cancer	☐ Yes	☐ No	Kidney stones	☐ Yes	☐ No
Crohn's disease	☐ Yes	☐ No	Pancreatitis	☐ Yes	☐ No
Ulcerative colitis	☐ Yes	☐ No	Diabetes	☐ Yes	☐ No
Gallstones	☐ Yes	☐ No	Arthritis	☐ Yes	☐ No
Hepatitis/Jaundice	☐ Yes	☐ No	Rheumatic fever	☐ Yes	☐ No
Heart disease	☐ Yes	☐ No	Gastrointestinal bleeding	☐ Yes	☐ No
Lung disease	☐ Yes	☐ No	Depression	☐ Yes	☐ No
High cholesterol/lipids	☐ Yes	☐ No	Anxiety	☐ Yes	☐ No
Ulcers	☐ Yes	☐ No	Hypertension	☐ Yes	☐ No

HAS ANYONE IN YOUR FAMILY HAD:

Crohn's disease	☐ Yes	☐ No	Ulcerative colitis	☐ Yes	☐ No
Celiac disease	☐ Yes	☐ No	Colon cancer	☐ Yes	☐ No
Colon polyps	☐ Yes	☐ No			
Other GI cancers	☐ Yes	☐ No	(If yes, please list: _____)		

DO YOU HAVE ANY OF THE FOLLOWING?:

Difficulty swallowing	☐ Yes	☐ No	Bloody/black bowel movements	☐ Yes	☐ No
Heartburn	☐ Yes	☐ No	Loss of bowel movement control	☐ Yes	☐ No
Hoarseness	☐ Yes	☐ No	Constipation	☐ Yes	☐ No
Chronic cough	☐ Yes	☐ No	Diarrhea	☐ Yes	☐ No
Regurgitation	☐ Yes	☐ No	Recurrent fevers	☐ Yes	☐ No
Chest pain	☐ Yes	☐ No	Fluid in abdomen (ascites)	☐ Yes	☐ No
Fill up quickly @ meals	☐ Yes	☐ No	Vomiting blood	☐ Yes	☐ No
Loss of appetite	☐ Yes	☐ No	Could you be pregnant	☐ Yes	☐ No
Nausea	☐ Yes	☐ No	Vomiting blood	☐ Yes	☐ No
Change in bowel habits	☐ Yes	☐ No	Rash	☐ Yes	☐ No
Joint redness/swelling	☐ Yes	☐ No	Recent change in weight	☐ Yes	☐ No
Abdominal pain	☐ Yes	☐ No	Pounds gained: _____	Pounds lost: _____	

Patient's Signature: _____ Date: _____

Reviewed by: _____ Printed Name: _____