



DESERT SUN GASTROENTEROLOGY

Explanation of Your Bill

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For Desert Sun Surgery Center, the total cost for your medical services may be comprised of four fees: The Physician's fees, the Surgery Center's fee, Pathologist's fee and Anesthesiology fee. Each fee will be billed separately by the provider of the service.

- The physician's professional fee is for providing the procedure and interpreting results.
- Desert Sun Surgery Center's bill is separate from the physician's bill. The surgery center's fee covers facility costs, which include the cost of nurses, technicians, equipment and supplies involved in the performance of your procedure.
- If biopsies are performed during your procedure, you will be billed separately by the Pathologist and/or Pathology Company reviewing the biopsy.
- Desert Sun Surgery Center subcontracts with Board Certified Anesthesiologists. You will be billed separately for their services.

We receive a quote of benefits and/or pre-certification/predetermination prior to your procedure(s). We encourage all patients to call their insurance company to request a quote of benefits/notification prior to their procedure(s), so that they can be made aware of their financial responsibility. Also, each plan has specific time periods as to how often a patient can receive a screening or diagnostic colonoscopy. We recommend you discuss with your carrier these frequency limits.

In most cases, we call patients prior to their appointment as a courtesy to inform them of their financial responsibility up front. If there is no call received, the patient is more than welcome to call the office themselves to discuss the insurance benefits quoted.

It is fully understood that the verbal financial responsibility is only an **ESTIMATE** based on a baseline procedure, which may change after insurance benefits have been settled and/or if additional procedures are performed, such as a biopsy of an abnormal finding and/or polyps removed. After insurance has been settled, if there is a credit balance on your Desert Sun Gastroenterology account the credit balance will be refunded back to you. This may take 30 to 90 days.

Desert Sun Surgery Center is a Medicare Certified facility and we are required to follow Medicare and State guidelines. Arizona Department of State article, 17, Outpatient Surgical Centers, specifically, R9-10-1707, Admission. Centers for Medicare and Medicaid Service standards G, 416.52(a) Standard: Admissions and Pre-Surgical Assessment. These articles read; A patient must have a comprehensive medical history and physical no more than 30 days before the date of the scheduled surgery. If you do not have a procedure within the 30 days, you will be required to re-consult. We recommend you check with your insurance for specific plan benefits if this were to occur.

How procedure is coded:

Our office has been asked to schedule you for a procedure that your doctor has recommended. **You need to be informed that if the physician performing your procedure finds a polyp or abnormality, your benefits may change and your insurance company may pay differently (as a diagnostic procedure instead of a screening procedure.)** If you have any further questions or concerns, feel free to call our billing department at 520-547-4900 option 1.

Signature
CC: Patient

Date