Denver Digestive Health Specialists
shedding light on gastrointestinal problems
powered by GI Alliance

FINANCIAL RESPONSIBILITY

It is your responsibility to confirm your insurance benefits with your insurance carrier prior to your appointment. We participate in most insurance plans, including Medicare. We will bill participating insurance companies directly as a courtesy to you. You are responsible for verifying your benefits for all services provided. If you receive non-covered benefits, you will be responsible for any charges. If a referral or authorization is needed, check with your insurance to make sure it is in place prior to your appointment.

We require proof of insurance at each visit. If your insurance has recently changed, please notify us when you check in for your appointment.

Your copayment is required when you check in for your appointment.

PLEASE READ - IMPORTANT INFORMATION REGARDING COLONOSCOPY APPOINTMENTS

Insurance benefits vary based upon the type of colonoscopy performed.
Please contact your insurance company directly to verify your coverage.

A screening colonoscopy is a procedure provided to the patient in the absence of signs and symptoms and no prior polyps for the purpose of testing for the presence of colorectal cancer or colorectal polyps.

A diagnostic colonoscopy is a procedure provided to the patient as a result of an abnormal finding, sign or symptom such as history of colon polyps, blood in the stool, changes in bowel movements, diarrhea, constipation, etc.

Once your insurance has processed your claim, a statement will be sent to you for any remaining patient responsibility amounts. Statement will be sent out after processed. If your account is not paid timely and it is necessary to send to a third party for collections, you will not be able to schedule further appointments until you have paid in full. A $20.00 charge will be added for any NSF or returned checks from your bank.

Please go to www.DenverDigestive.com to pay your bill online.

Any procedure may generate up to four separate statements including:

Physician Fee (GI Alliance may call for prepayment)
Facility Fee (Surgery center will call you prior to date of service, due day of service)
Anesthesia Provider Fee - please verify this is a covered benefit under your plan
Pathologist Fee (if biopsies are taken) May be provided by Arizona Digestive Health PC

ASSIGNMENT OF BENEFITS

I have reviewed and verified my demographic information for this visit. I hereby assign all medical and surgical benefits, including major medical benefits to which I am entitled. I hereby authorize and direct my insurance carrier(s), including Medicare, Medicaid, or third party insurance to issue payment directly to Denver Digestive Health for medical services rendered to myself regardless of my insurance benefits, if any. I understand that I am responsible for any patient responsibility not covered by my insurance.

Patient Signature _____ Date _____

Please call our Billing Office at 303-385-0115 if you have questions. We will be happy to assist you.