Overlake Internal Medicine Associates - Gastroenterology Kalle Kang, MD Sang Kim, MD Georgia Rees-Lui, MD George R. Winters, III, MD Raj Butani, MD Trang Chau, ARNP 1135-116th Avenue N. E., Suite 140, Bellevue, Washington 98004-4631 1135-116th Avenue N. E., Suite 560, Bellevue, Washington 98004-4631

425-467-0150

Dear Patient,

Your Overlake Internal Medicine Associates Gastroenterologist has recommended a procedure. We highly recommend you contact your insurance carrier to determine if your policy has any restrictions or special requirements. If the requirements are not met prior to the procedure, many insurance companies will reduce benefits payable to their insured members. You may check your benefits as well.

During your procedure, *your doctor may also perform other minor procedures*, such as polyp removal. As always, we encourage you to inquire with your insurance carrier as to what your benefits may be.

Note: After the procedure, **you may receive up to four separate invoices from separate companies**. You will receive a bill from the physician who performed the procedure, one from the facility where the procedure was performed, one for anesthesia, and if you had tissue biopsied or removed, a bill from the pathology lab.

This letter is provided for your benefit to better understand your coverage.

Diagnosis (ICD-9):		_						
Procedure code (CPT):	□ 43235							
Procedure:	□EGD							
Procedure to take place a ☐ Ambulatory Surgery C ☐ Overlake Hospital Med	Center (ASC)	pecial Pr	ocedure Unit	: (SPU), Steve	ens Hospital			
Please indicate insurance	requirements b	elow:						
		Yes	No					
Is a Preauthorization Rec	quired?							
Are out patient colonoscopy covered?								
Will there be a co-pay or	deductible?							
Insurance Company Nan	ne:					_		
Address:								
Person Contacted:	Date and Time Contac			tacted:		_		
Please contact us at 425-	467-0150 if you	have an	y further que	estions or nee	d assistance	regarding	insurance at	uthorization.