



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. ***Be aware that not all insurance plans cover colonoscopy for primary screening of colon cancer.*** You may check your benefits as well.

If you are a Medicare patient, Medicare requires that routine screening colonoscopy be at least 48 months from a prior flexible sigmoidoscopy or 10 years from a prior colonoscopy (that they've paid for.) Persons with a family history of colon cancer or a personal history of colon polyps or cancer can have one covered once every 24 months. Please note that these frequency **restrictions do not apply** if a person is having **symptoms** needing further evaluation.

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): ☐ V76.51 ☐ _____

Procedure code (CPT): ☐ 45378 ☐ _____

Procedure: ☐ Screening ☐ Diagnostic

Procedure to take place at: (check one)

☐ Ambulatory Surgery Center (ASC)

☐ Overlake Hospital Medical Center – Special Procedure Unit (SPU), Stevens Hospital

Please indicate insurance requirements below:

	Yes	No
Is a Preauthorization Required?	<input type="checkbox"/>	<input type="checkbox"/>
Are out patient colonoscopy covered?	<input type="checkbox"/>	<input type="checkbox"/>
Will there be a co-pay or deductible?	<input type="checkbox"/>	<input type="checkbox"/>

Insurance Company Name: _____

Address: _____

Person Contacted: _____ Date and Time Contacted: _____

Please contact us at 425-467-0150 if you have any further questions or need assistance regarding insurance authorization.