[Date]

RE: Colonoscopy Insurance and Billing Information

Dear **[Patient Name]**,

You are scheduled for a colonoscopy on **[Date of Procedure]**. To help you understand the potential costs, please review the following billing information.

1. Facility and Professional Fees
You may receive separate bills from the following entities:

- The Physician (performing the procedure)
- The Facility (where the procedure is performed)
- The Anesthesiologist (if sedation is administered)
- The Pathology Lab (if a biopsy or polyp is removed)

2. Preventive vs. Diagnostic Procedures
Insurance companies categorize colonoscopies in three ways:

- **Preventive/Screening:** Routine procedure for patients with no symptoms. Usually covered at 100% by most insurance plans.
- **Surveillance:** For patients with a personal history of polyps or gastrointestinal disease. Coverage varies.
- **Diagnostic:** Performed because of specific symptoms (e.g., pain, bleeding). These are often subject to deductibles and co-insurance.

3. Change in Status
Please be aware that if a polyp is found and removed during a "Screening" colonoscopy, your insurance company may reclassify the procedure as "Diagnostic," which may result in out-of-pocket costs according to your plan benefits.

4. Patient Responsibility
We strongly recommend that you contact your insurance provider prior to your appointment. Provide them with the following information to confirm your coverage:

- Provider Name: **[Doctor Name]**
- Procedure Codes (CPT): **[Insert Codes, e.g., 45378, 45380, 45385]**
- Diagnosis Code (ICD-10): **[Insert Code, e.g., Z12.11]**

If you have any questions regarding our billing process, please contact our billing office at **[Phone Number]**.

Sincerely,

[Name of Medical Practice]
[Contact Information]