



Patient Information Sheet - UPPER GI PROCEDURES

**\*\*PLEASE READ THE INSTRUCTIONS BEFORE CALLING OUR OFFICE\*\***

Our office has scheduled you for a:

- Endoscopy
- Motility/pH Study
- Bravo Study (includes Endoscopy)
- Liver Biopsy (CPT Code 91035)

Patients who are scheduled for any procedure need to be informed and understand what your benefits and coverage is for this procedure. Please use this worksheet to phone your insurance carrier to inquire about your eligibility and benefits for this procedure, as well as how much, if any financial responsibility you may incur.

*In network plans sometimes require you, the patient to “share in the cost” of the procedure and these terms are designated by your insurance company and not by our office. It is important for you to understand your benefits and that is the purpose of this form.*

**\*\*ATTENTION - Empire Blue Cross Blue Shield patients & any other out of area Blue Cross insured’s - This plan DOES NOT COVER Bravo Capsule studies.** Therefore, if you wish to have the procedure performed you will be responsible for the charge of the Bravo Capsule at our **contracted rate**, which is \$150.00. This fee will be collected up front prior to the procedure (via credit card # on file, or check) but will not be processed until the claim has gone through the entire billing cycle, at which time you will be notified that we are processing your payment.

Name of Insurance Carrier \_\_\_\_\_ Policy # \_\_\_\_\_

Insurance Rep \_\_\_\_\_ Date of Procedure \_\_\_\_\_

Co-Insurance/Deductible \$ \_\_\_\_\_

Deductible Met:  Y  N Remainder of Deductible to be met \$ \_\_\_\_\_

**\*Any co-insurance and deductibles listed above must be paid on the date of your procedure, or your procedure may be canceled unless other financial arrangements are made in advance.\***

\_\_\_\_\_  
Print Patient Name

\_\_\_\_\_  
Patient’s Signature/Date

\_\_\_\_\_  
Patient MRN \_\_\_\_\_ Witness/Date \_\_\_\_\_

(For office use only)