

Colonoscopies are either diagnostic or preventive. The difference between the two is sometimes hard to distinguish, but there is big difference on how insurance companies cover either procedure. Knowing the difference between the two types of colonoscopies is an important step before scheduling your colonoscopy. We have included a general rule below; however, please make sure to consult with your insurance plan for a more details.

A **preventive or screening colonoscopy** is performed on a patient who is:

- asymptomatic (no gastrointestinal symptoms either past or present)
- is 45 years of age or older
- and has no personal or family history of colon polyps and/or colon cancer

A **diagnostic colonoscopy** is performed on a patient who has gastrointestinal symptoms (e.g. rectal bleeding, abdominal pain, diarrhea) and who has past and/or present polyps or gastrointestinal disease (e.g. Crohn's Colitis, etc.).

If polyps are found, removed or biopsied during a screening colonoscopy, most insurance carriers re-categorize the screening colonoscopy as a diagnostic colonoscopy (and your screening benefit may no longer apply).

In our experience, approximately 75% of patients will have at least 1 polyp removed during colonoscopy.

I am aware that if polyps are found, even during a colonoscopy done for screening, my insurance company might not cover the entire bill, and I will have a cost share based on my insurance policy.

I am aware that Laird and Laird Surgical Associates collects a good faith estimate of my cost share, based on a diagnostic colonoscopy. I will receive a refund for any balance that remains after the insurance reviews the claim and makes a final determination.

Name (please print): _____

Signature: _____

Relationship to Patient: Self Other: _____