



If your BG physician recommends you have a procedure, it could be scheduled at one of our accredited endoscopy centers, a BG office, or hospital outpatient facility. It's important to contact your insurance carrier to discuss your scheduled procedure.

As a courtesy, our financial counselor will contact your insurance company through an electronic verification system to confirm your insurance benefits. Unfortunately, this system does limit the information BG can obtain on your behalf to only 1) your insurance effective dates, and 2) the amount due at the time of service (co-pay).

Because each health insurance plan is different, we still recommend that you contact your insurance company to better understand your unique benefits and plan requirements. For most insurance companies, verification of benefits does not mean a guarantee of payment for the procedure. **It's in your best interest to contact your insurance carrier and ask the proper questions.** This guide will help you through any insurance-related steps you may need to take prior to your procedure.

Understanding YOUR Insurance Plan

Your physician scheduled you for a procedure

What to do before your procedure?	Please note that verification of benefits does not guarantee payment.
Patient's Responsibility	<p>Contact your insurance company to ask or verify the following:</p> <ul style="list-style-type: none"> • Notify your insurance carrier of your procedure. • Does your plan require pre-authorization or a notification of the procedure? <ul style="list-style-type: none"> • Is the <i>facility</i> in-network? • What amount will your plan pay for the procedure? • If applicable, verify any out-of-pocket amounts for the procedure. <ul style="list-style-type: none"> • Before you end the call, obtain a <i>reference number</i>.
BG's Responsibility	<p>Once the procedure has been scheduled, BG's financial counselor will:</p> <ul style="list-style-type: none"> • Contact your insurance company to verify benefits. • Verify if a pre-authorization or notification is required.
Out-of-network or High Deductible	<p>If the facility or physician is out-of-network or you have a high deductible to meet, inquire about payment plan options.</p> <p>Additional Information: If a procedure is performed in a BG facility, we will verify the amount due at the time of service and contact you with the estimated amount. If the procedure is scheduled in a hospital facility, the hospital will be responsible for verifying your benefits.</p>
Questions?	<p>If you have any questions, please contact your BG office and ask to speak with the financial counselor. 904-643-4459</p>

Definitions

Co-Insurance – A set percentage you pay for covered healthcare expenses to share the cost with your insurance company; typically paid after an annual deductible is met.

Co-Payment – A set fee you pay for a covered healthcare service that is collected at the time of service.

Facility – Where the procedure will be performed. Procedures offered by BG may be performed in one of our accredited endoscopy centers, BG Office, or hospital. Typically the out-of-pocket amount is less at our endoscopy centers.

In-Network – Healthcare providers and facilities that contract with your insurance company at a preferred rate.

Out-of-Network – Healthcare providers and facilities that do not contract with your insurance company.

Reference Number – A number given to reference a call made to your insurance company to verify benefits. This number will help to resolve an issue if there is a discrepancy involving payment of service.

Deductible – Amount of expenses that must be paid out-of-pocket before an insurer will pay.