
Greater Boston Gastroenterology

ADVANCE BENEFICIARY NOTICE

NOTE: You need to make a choice about receiving these health care items or services.

Your health insurance may not pay for the services that are described below. The fact that your insurance may not pay for a particular service does not mean that you should not receive it. There may be a good reason for your doctor recommending it.

Services:

- _____ **Small Bowel Capsule Endoscopy – Code 91110 - \$2300.00**
- _____ **Kristalose Breath Test – Code 91065 - \$250.00**
- _____ **Lactose Breath Test – Code 91065 - \$250.00**
- _____ **Fructose Breath Test – Code 91065 - \$250.00**
- _____ **Urea Breath Test – H.Pylori – Code 78267 - \$100.00 – acquisition**
 - **Code 78268 - \$300.00 – analysis**
 - **Total \$400.00**
- _____ **Bravo Capsule - Code 91035 - \$250.00 – Capsule only**

Diagnosis:

The purpose of this form is to help you make an informed choice about whether or not you want to receive these services, knowing that you might have to pay for them yourself.

You may wish to contact your insurance company directly and give them the information as outlined above regarding the service. The description of the service, the procedure code which will be billed, as well as the fee that would be charged may be given to them for prior approval.

The office will submit the claim to your health insurance. You will, however, be fully and personally responsible for payment of this service if the insurance company denies payment. **No appointment will be made without this signed authorization.**

I want to receive these services. I agree to pay personally for any services denied by my insurance carrier.

Since BRAVO Capsule requires setup prior to appointment – if cancellation is same day – patient is responsible for the cost of the Capsule. Your insurance company WILL NOT pay for this and therefore cannot be submitted to the insurance company.

Date

Signature of Patient