

# KASSAMO DAYEMO, M.D.

Gastroenterology Board Certified

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## Financial Policy

Thank you for choosing our Practice. Your visit to our practice consist of Consultation and if needed procedure.

**Please read the following financial policy prior to your procedure:**

Your procedure involves three main parts:

- a.) Endoscopy or Colonoscopy
- b.) Anesthesia
- c.) Pathology – if biopsy is done or polyp is removed.

Colonoscopy could be **Screening, Diagnostic** or **Therapeutic**.

**Screening Colonoscopy** is done in a patient with no GI symptoms because of age over 50 or family history of Colon Cancer.

**Diagnostic Colonoscopy** is done to find the cause of patient's symptoms.

**Therapeutic Colonoscopy** involves biopsy, total removal of a polyp, ablation of a tissue or bleeding control.

We cannot tell the type of Colonoscopy before the procedure. What appears Screening Colonoscopy may end up being Therapeutic Colonoscopy.

It is your responsibility to check with your insurance and find out how your insurance pays for these different types of procedures. We cannot assure you beforehand that your procedure is billed one way or the other.

**CODING:** Your billing and coding depends on information we obtain from you, physical examination by the Doctor and laboratory findings. We cannot alter billing and coding once it is documented. Altering billing and coding is health care fraud.

**ANESTHESIA:** We use Palmetto Anesthesia of Charleston, LLC for your sedation. They will submit a separate bill for their service. If you have any questions please call 843-899-9303.

**PATHOLOGY:** If you undergo biopsy or polyp removal we will send the specimen to AP laboratory. You can contact AP Lab at 843-300-3001 regarding pathology bill.

If you choose that your specimen is sent to another lab instead of AP Lab, Please let us know the name of the Lab when you check in for the procedure. It is your responsibility to let us know your network Lab at the time of your procedure or during scheduling.

We will do our best effort to check your deductible, eligibility and pre-certification from your insurance. We will contact you by phone to make payment arrangement prior to your procedure. You can also check your insurance company for any co-pays, deductibles or coinsurance.

**We will collect all co-pays and deductibles before the procedure. You are ultimately responsible for all charges resulting from services rendered by Kassamo Dayemo, M. D. PA.**

Patient Name: \_\_\_\_\_

Date: \_\_\_\_\_

Patient Signature: \_\_\_\_\_