



Woodbridge
Internal Medical Associates

1000 Route 9 North, Suite 302, Woodbridge, New Jersey 07095
732/634-0036 Fax 732/634-9182 www.woodbridgemed.com

Gastroenterology
Seth M. Webber, M.D.
Internal Medicine
Mary T. O'Donnell, M.D.
Lauren Maza, M.D.
Louis Friedman, D.O.

Gastroenterology Procedures Consent Form

You have been or will be scheduled for a Gastroenterology Procedure with Dr. Seth Webber. Please be aware that Woodbridge Internal Medical Associates, PA will call your insurance company to verify your benefits. This is not a guarantee of coverage or payment or does it mean that your procedure will be 100% covered with no out of pockets costs to you. For that reason, we ask that you, the patient, also call your insurance company before your scheduled procedure to verify Both Professional and Facility benefits for any deductibles or co-insurance for which you may be responsible.

If you have a deductible that has not been met, Woodbridge Internal Medical Associates, PA will require a payment of \$150 by cash or credit card, prior to your procedure, unless the amount owed is less. (\$80 for EGD Only)

If the balance of your deductible is over \$130 the following payment options are available in order to satisfy the balance of patient responsibilities:

1. Cash, check, or credit card to satisfy the balance in full.
2. Three (3) month repayment plans are offered. Please contact our billing office to set up this payment arrangement at (732) 634-0036 option #5.

The following are procedure codes to be used when verifying coverage with your insurance:

- **Colonoscopy CPT Code: 45380**
(\$150 is required if deductible has not been met)
- **EGD-Upper Endoscopy CPT Code: 43239**
(\$80 is required if deductible has not been met)

If both procedures are medical and being performed together on the same day, we will require the following payment: **Colonoscopy \$150.00 + EGD \$80.00 for a total of \$230.00**

Woodbridge Medical Associates, PA will not be responsible for incorrect benefits quoted to us by your insurance plan.

PLEASE NOTE: If, during a screening colonoscopy you are found to have an area that requires a biopsy to be taken and pathology is sent out, your screening is now a diagnostic colonoscopy. This may change your responsibility in reference to coverage and deductible responsibility.

Patient Name (please print): _____ D.O.B ____/____/____

Patient Signature: _____ Date: ____/____/____

Witness: _____ Insurance Plan: _____