



Insurance Coverage for In Office Endoscopy

There are times when Drs. Esmer and Pavlovich may recommend an in-office procedure to help diagnose a patient's symptoms. This may involve the use of a nasal endoscope, which allows them to examine the nasal passage, larynx, pharynx and surrounding structures. The endoscopy may be of diagnostic utility, for visualization purposes or of surgical utility; for example, to clean an area, remove a polyp or biopsy a mass. In the event that the physician feels an endoscopy is indicated, he will discuss the rationale for the study with you and give you the opportunity to decline the procedure.

Due to the nature of nuances in insurance policies, it is your responsibility to contact your insurance company to find out what your financial responsibility might be for this procedure. This can be done by calling your insurance provider and requesting information about your coverage for **CPT codes 31231, 31575, 31238 or 31237**. Insurance companies may consider this procedure an “in office surgery” and payment may be applied to your deductible.

Please understand that Drs. Esmer and Pavlovich are specialists. To deliver high quality care, they may recommend the use of a diagnostic tool like an endoscope.

Signing this form is *not* consenting to having a procedure done during today's appointment. Consent would be obtained verbally in the presence of the physician. It is simply to inform you of possible fees incurred in the event an endoscopy is performed today or in the future. This form is given to all new patients in the ENT department, regardless of their presenting problem(s).

I have read the above information regarding in office endoscopy and understand that the procedure may be considered outpatient surgery and may result in fees exceeding the office visit alone.

Patient Name: _____ Date: _____

Patient Signature: _____

Guardian Name: _____

Guardian Signature: _____