



SCENT
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DRS. BERGHASH & LANZA, P.L. D/B/A
South Coast Ear, Nose & Throat

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**BOARD CERTIFIED*

POST OPERATIVE SINUS DEBRIDEMENT

DEAR SINUS SURGERY PATIENT:

YOUR INSURANCE COMPANY WILL BE BILLED SEPARATELY FOR **POST OPERATIVE SINUS ENDOSCOPY WITH DEBRIDEMENT**, CPT CODE 31237-7950.

THIS IS A SEPARATE PROCEDURE DONE **IN THE OFFICE** AFTER YOUR SURGERY TO MAINTAIN AND CLEAN THE SINUS CAVITY. MOST PATIENTS WILL HAVE THREE POST OPERATIVE SINUS ENDOSCOPY WITH DEBRIDEMENT VISITS. EACH VISIT WILL BE BILLED SEPARATELY.

THIS POST OPERATIVE PROCEDURE IS NOT COVERED IN THE GLOBAL SURGICAL FEE BILLED TO YOUR INSURANCE COMPANY. MOST INSURANCE COMPANIES PAY SEPARATELY FOR POST OPERATIVE CARE NEEDED AFTER SURGERY. THESE SERVICES MAY BE SUBJECT TO DEDUCTIBLE AND/OR CO-INSURANCE.

IF YOU HAVE ANY QUESTIONS REGARDING THIS MATTER, PLEASE CALL OUR BILLING OFFICE AT (772) 398-9911, EXTENSION 6.

I HAVE READ AND UNDERSTAND THE ABOVE

PATIENT/PARENT SIGNATURE

DATE

WITNESS

DATE

1801 SE Hillmoor Drive, Suite B-105, Port St. Lucie, FL, 34952 (772) 398-9911
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