FINANCIAL POLICY FOR PATIENT ACCOUNTS

PLEASE READ AND SIGN – BRING TO YOUR APPOINTMENT

Dear Patient,

Thank you for choosing Gastroenterology Associates, Inc. (GAI) as your healthcare provider. We are committed to providing you with the best possible medical care at the lowest possible cost. Please understand that the payment of your bill is considered a part of your treatment. The following is a statement of our Financial Policy, and we require that you **read and sign** this policy prior to receiving any treatment. If you choose not to sign this Financial Policy, we have the right to cancel your appointment.

PURPOSE, SCOPE AND GENERAL:

Purpose – The purpose of this policy is to provide guidelines regarding payment to GAI for medical services rendered to patients.

Scope – This policy applies to patients and patient accounts

General – We are committed to providing you with the finest medical care at a most reasonable cost. Prompt payment of fees for services rendered enables us to keep our fees at the lowest level possible. In order to meet this commitment, we need your assistance and your understanding of our payment policy.

Patients with Medical Insurance:

GAI accepts most major insurance companies. It is critical that you, the patient, check with your insurance company as well to make sure we are in network with YOUR plan.

We will check if pre-certification is required for any testing and procedures but it is the patient's responsibility to check your plan for benefits.

We **MUST HAVE A COPY OF YOUR INSURANCE CARD(S)** so that we may bill both the primary and the secondary insurance company if applicable. **Every year a new Signature on File Form is REQUIRED** *and all information must be completed including your insurance information on the Form (even though we scan your card).*

Your insurance policy is a contract between you and your insurance company. Please be aware that very few insurance companies attempt to cover all medical costs and it is your responsibility to verify your coverage policies and benefits.

We require all patients to assign insurance company payments directly to GAI to avoid any misunderstanding regarding payment for professional services. If you request the insurance company to pay you directly, GAI will require full payment from you at the time of service. Payment for medical treatment is your responsibility whether your insurance company pays or not.

PATIENT ACCOUNT INFORMATION:

- **Statement balances** are due within (30) days.
- **Payment Plans** can be set up with the Billing Department.
- **Past due accounts** with or without payment arrangements over (120) days will be subject to **2% monthly interest charge** on the balance due.
- **Delinquent accounts** past (120) days may be referred to a Collection Agency and may be subject to interest and/or collection fees.
- **Returned checks** for non-sufficient funds or stop payment will be billed a $35 charge
- **If your account is severely delinquent** and you are not making monthly payments or your account has been referred to a Collection Agency, we have the right to refuse to schedule an appointment until the balance is paid in full. We also have the right to terminate you as a patient.
- **No-Show patients** will be charged $25 for a missed appointment and $150 for a missed procedure**. 24-hour notice is required for OFFICE cancelations and 48 hours for PROCEDURE cancelations.**
- **Copayments** are required prior to seeing the provider. We accept cash, checks, MasterCard, Visa and Discover.
- **Bankruptcy-** Patients who have a bankruptcy will need to pay the self-pay rate for the first visit. Once the claim has been paid by insurance, the payment will be either applied to the patient's account or refunded.

DEPOSIT FEE:

- $150 - $300 deposit may be required for procedures scheduled in our Surgery Center, depending on your insurance.

SELF PAY PATIENTS:

- Patients with no insurance or are part of a cost sharing/discount plan (not insurance) will be required to pay the procedure in its entirety day of procedure.

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MEDICARE ADVANTAGE PLAN COPAY:

- Advantage plans now have **facility copay** for outpatient surgical procedures performed at an Ambulatory Surgical Center, such as our facility. This may range from $100 to $400 depending on insurance & procedure. This is not a special fee from our office it is a new copayment by your insurance plan, which is patient responsibility.

COMMON BILLING QUESTIONS:

We fully understand that health insurance plans and benefits can be quite confusing. But we also want to remind you that it is your responsibility to be familiar with the key aspects of your benefit plan, including whether it covers the specific treatment you seek from GAI.

- If you call your insurance for coverage/benefit information, please make sure you know if the procedure will be preventative or diagnostic BEFORE calling or otherwise they will most likely advise you of your preventative benefits only.
- Our healthcare providers and secretaries do not know what you may owe or if your procedure will be covered in full; their main focus is on you, the patient, for your treatment.
- **Preventative service is ONLY for patients that have no current diagnosis or problems, have never had a colonoscopy before (screening colonoscopies are done every 10 years) and do not have a history of colon polyps.** ***If you are required to have a colonoscopy more often than every 10 years, it will be diagnostic which is subject to your Deductible/Coinsurance/Copay.***
- We submit all claims within 48 business hours of your appointment/procedure. There are multiple charges for every procedure (Professional, Facility, Anesthesia & Pathology) and these are not paid all at the same time by your insurance. You will receive multiple statements with a change in your balance until the insurance pays all the claims. If the "insurance aging" box on your billing statement is $0 then all of your claims have been paid by your insurance.
- Pathology – we will send your biopsies to a lab that is in-network for your insurance plan. If you receive a notice from your insurance about the pathology, please WAIT for a bill from the pathology office before calling.

Please sign below:

MEDICARE PATIENTS:

I request that payment of authorized Medicare benefits be made on my behalf of Gastroenterology Associates/Gastroenterology Endoscopy Center, Inc. for any services furnished me by one of the physicians. I authorize release to the Health Care Financing Administration and its agents any medical information about me needed to determine these benefits or benefits payable for related services.

X_____ X_____

PATIENT SIGNATURE DATE

NON-MEDICARE PATIENTS :

I UNDERSTAND THAT I AM RESPONSIBLE FOR FULL PAYMENT OF MY BILL IN A TIMELY MANNER.

I authorize the release of any medical information necessary to process this claim: I hereby assign all medical and/or surgical benefits to include major medical benefits to which I am entitled, private insurance and other health plans to Gastroenterology Associates, Inc./Gastroenterology Endoscopy Center.

This assignment will remain in effect until revoked by me in writing. A photocopy of this assignment is to be considered as valid as an original. I understand that I am financially responsible for all charges whether or not paid by said insurance.

X_____ X_____

PATIENT SIGNATURE DATE