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## FINANCIAL POLICY

In order to reduce confusion and misunderstanding between our patients and the practice, we have adopted the following financial policy. If you have any questions, please discuss them with our billing staff or billing coordinator.

We are dedicated to providing the best possible care and service to you and regard your complete understanding of our financial policies as an essential element of your care and treatment.

As a courtesy, we will bill a patient's insurance. However, your insurance policy is a contract between you and your insurance company. It is the patient's responsibility to make sure that their insurance carrier remits payments and to pay for charges not covered by insurance. If your insurance company does not pay the practice within a reasonable period, we will have to look to you for payment. If we later receive a check from your insurer, we will refund any overpayment to you.

All health plans are not the same and do not cover the same services. There is no guarantee that your insurance company will cover your visit, especially if it is a screening or preventative care visit. In the event your health plan determines a service to be "not covered", you will be responsible for the complete charge. Payment is due upon receipt of a statement from our office.

♦ **CANCELED OR RESCHEDULED APPOINTMENTS-** In order to provide the best possible service and availability to all our patients, please call us as early as possible if you know you will need to reschedule or cancel your appointment. If your scheduled procedure appointment is cancelled or rescheduled within 72 hours prior to the procedure time, our fee for a "no show" is \$300.00. If an office appointment is cancelled or rescheduled within 24 hours of scheduled office appointment time, our fee for a "no show" is \$75.00 for follow up and a \$100.00 for initial office visits.

♦ **EXCELLUS/MANAGED CARE/PARTICIPATING INSURANCES/ MEDICARE/MEDICAID-** Insurance cards need to be presented at check-in.

♦ **CO-PAYMENTS-** are expected at time of service as stated in your insurance contract. Missed co-payments will be subject to an additional \$10.00 fee which will not be included in your insurance claim. For your convenience we accept cash, check, and all major credit cards.

♦ **NON-PARTICIPATING INSURANCE-** Insurance cards need to be presented at check in. Payment is required in full at the time of service. Payment methods listed above.

♦ **SELF PAY-** If you are uninsured, you are responsible for payment in full at the time of service, unless previous arrangements are made with the billing staff.

♦ **CREDIT BALANCES-** A refund will be generated to the responsible party if an account has a credit balance over \$10.00. However, credit balances less than \$10.00 will be retained and applied to future balances unless a refund is specifically requested.

♦ **RETURNED CHECKS-** A \$20.00 fee will be assessed for a check returned by your bank.

♦ Our initial consultation fees range from \$78.00 - \$377.00 Please note that all of our physicians are Board Certified in Gastroenterology and Liver Disease.