GASTROENTEROLOGY ASSOCIATES & GA ENDOSCOPY CENTER LLC

PATIENT FINANCIAL POLICY

Your understanding of our financial policies is an essential element of your care and treatment. If you have any questions, please discuss them with our front office staff or billing department.

- Unless other arrangements have been made in advance by you or your health insurance carrier, payment for office services are due at the time of service. We accept VISA, Mastercard, Discover, cash or check.
- Your insurance policy is a contract between you and your insurance company. As a courtesy, we will file your insurance claim for you, if you assign benefits to the doctor. In other words, you agree to have your insurance company pay the doctor directly. If your insurance company does not pay the practice within a reasonable period, we will have to look to you for payment.
- We have made prior arrangements with certain insurers and other health plans to accept an assignment of benefits. We will bill those plans with which we have an agreement and will only require you to pay the co-pay/co-insurance deductible at the time of service.
- All health plans are not the same and do not cover the same services. In the event your health plan determines a service "not covered" or you do not have an authorization, you will be responsible for the complete charge. We will attempt to verify benefits for specialized services, however, you remain responsible for charges to any service rendered. *Patients are encouraged to contact their plans for clarification of benefits prior to services rendered.*
- You must inform the office of all insurance changes and authorizations/referral/requirements. In the event the office is not informed, you will be responsible for any charges denied.
- Past due accounts are subject to collection proceedings. All costs incurred including, but not limited to, collection fees, attorney fees, and court fees shall be your responsibility in addition to the balance due this office.
- We will check your benefits if you are having a procedure. If you have an unmet deductible, a prepayment will be required the day of the procedure. We will try to let you know a week in advance.
- We will give you, the patient, one (1) copy of your medical records free of charge. Additional copies will be billed according to governmental guidelines.
- There is a service fee of $25.00 for all returned checks.
- There is a $15.00 charge for any forms that need to be filled out by staff and/or physician.

Signature of Patient/Responsible Party: _____ DOB: _____

Printed Name of Patient/Responsible Party: _____ Date: _____

Witness Signature: _____ Date: _____

Printed Name of Witness: _____ Date: _____