Patient Financial Policy

Thank you for selecting our practice as your healthcare provider. We are committed to providing you with compassionate and quality gastroenterology care. We regard your complete understanding of your financial responsibility as an essential element of your care and treatment. We have therefore adopted the following Financial Policy to reduce confusion and misunderstanding between our patients and practice.

Unless other arrangements have been made in advance by either you or your health insurance carrier, full payment is due at the time of service. For your convenience our practice accepts Visa, MasterCard, American Express and Discover credit cards, Debit Cards, Cash and Personal Checks.

Insurance

We accept assignment of benefits for most insurance plans. Please provide any current medical insurance cards that should be used to cover services rendered. **We do require that all co-payments, co-insurance and deductibles be paid at the time of service. In the case of procedures these should be remitted to the practice upon notice of balance due, at least 72 hours prior to the procedure.**

Your insurance policy is a contract between you and your insurance carrier. You are therefore responsible for determining what services your insurance company covers, as well as providing our practice with the correct insurance information. In the event that your insurance company declines the insurance claim for services rendered by Gastroenterology Specialists of Dekalb, LLC, you will be responsible for those charges. We recommend that you follow-up with your insurance carrier to assure yourself that payment will be made.

Missed Appointments

Please help us serve you better by keeping scheduled appointments. In the event you are unable to keep your office visit appointment, please kindly give a 24-hour notice. **Appointments cancelled without notice will result in a $35.00 missed office visit appointment charge.** Appointments for procedures will need to be cancelled 72 hours prior to the appointment. **Appointments cancelled for procedures without notice will result in a missed appointment charge of $200.00.** These charges are the responsibility of the patient and are not covered by insurance carriers.

Statements of Account

Statements detailing the balance due from patients will be mailed at least once per month. Payment for balances due is expected within 30 days of the statement date. It is our policy to use an outside collection agency to assist us in collecting delinquent accounts.

Return checks

Checks returned for insufficient funds will result in a charge to your account for the amount of the returned check plus an additional $30.00 to recover returned check charges and expenses incurred.

Forms & Medical Records

Our practice is often requested to complete Disability, Life Insurance and other forms which contain detailed medical history questionnaires and require review by a physician. The charge for this service is $35.00 and is payable upon request, therefore forms will not be completed unless payment is received. There will be a charge of $25.00 for uncertified medical records and $30.00 for certified medical records.

I have read, understood and agree to abide by the financial policy of Gastroenterology Specialists of Dekalb, LLC.

X _____ _____

Signature of Patient or Responsible Party Date