

Patient Financial Responsibilities

- ❑ The patient is responsible for all incurred charges. We will file insurance as a courtesy; however it is the patient's responsibility to provide us with accurate and complete insurance information at the time of their visit. Failure to do so will result in the patient incurring the total expense for their care.
- ❑ All patients are expected to provide their insurance card at check-in for every visit.
- ❑ The patient is responsible for making sure they know what benefits are included under their insurance plan, as well as making sure they are following all the regulations as put forth in the plan benefits provided to them by their insurance company. Any out of network fees assessed by the insurance company will become patient responsibility.
- ❑ Patients are expected to make our office aware of any changes in insurance, home address, phone number and any other pertinent changes.
- ❑ Payment is required at time of service for all co-pays, deductibles, and co-insurance. Patients may be required to make payment arrangements on any outstanding balance with our billing department prior to seeing the Provider.
- ❑ Patients who do not have insurance are expected to pay for their visit at the time of service unless our billing department has made other payment arrangements.
- ❑ There is a return check fee of \$35.00 for any check that is returned to our bank. The returned check fee will be required to be paid before your next visit and we will no longer be able to accept checks for future visits.
- ❑ You will receive one billing statement showing your balance due. After 30 days unpaid, each additional statement up to 3, will incur a \$5.00 statement fee.
- ❑ If no payment activity has been made on the patients account within 120 days, the account will be placed with an outside collection agency. The patient will be responsible for any collection fees, costs, interest and/or attorneys fees applied to unpaid balance.
- ❑ **It is the patient's responsibility to provide us with a valid referral** from the PCP if required by your insurance prior to their visit. If a referral is not obtained by the patient or provided by the PCP prior to the patients visit, the appointment will be rescheduled for another day. Any balances that are incurred as a result will be the patient's responsibility.
- ❑ **There is a \$250.00 procedure no-show fee** for patients that do not call to cancel and/or reschedule within 48 hours of the scheduled procedure. There is also a **\$25 no-show fee for scheduled office visits.** All patients who do not show up for their scheduled appointments will be responsible for these fees before their next visit. If a patient misses three of their appointments and does not cancel or reschedule, the Provider may discharge them from the practice.
- ❑ As a courtesy to other patients, any patient that is late for their appointment may be required to wait until other scheduled patients have been seen or reschedule.
- ❑ Digestive Care Endoscopy requires a \$25.00 fee for patient requests of their medical records. Payment is due prior to the release of any records. Please note that it takes approximately 10 business days to process medical record requests.
- ❑ If you feel you are due a refund on your account, please contact our billing department at 770-227-2222. If a refund is due, they will make arrangements for it to be sent to you.

Patient Signature:

Date: