

Digestive Care Endoscopy

Welcome to our office

Patient Name: _____

Patient Date of Birth: _____

All professional services rendered are charged to the patient. For your convenience, necessary forms will be completed to assist you with reimbursement from your insurance carrier. However, the patient is responsible for all fees regardless of insurance coverage. It is also customary to pay for services when rendered unless other arrangements have been made in advance.

You may receive four bills for services done in this facility: Digestive Care Endoscopy, Digestive Care Consultants, Lotus Anesthesia and/or Chestatee Pathology Associates, PC
INITIALS: _____

Any amount collected at the time of service is only an estimate based on information provided by your insurance. A final statement, if any balance remains, will be mailed after your claim is processed by your insurance company.

INITIALS: _____

INSURANCE AUTHORIZATION & ASSIGNMENT

I request that payment of authorized Medicare/Other Insurance company benefits be made to Digestive Care Endoscopy, LLC for any services furnished me by that party who accepts assignment/physician. Regulations pertaining to Medicare assignment of benefits apply. The patient is responsible for any deductible, co-insurance, copayments, and non-covered services which is the charge determination of your insurance company.

I authorize any holder of medical or other information about me to be released to the Social Security Administration and Health Care Financing Administration or its intermediaries or carriers any information needed for this or related Medicare claim/other Insurance Company claim. I permit a copy of this authorization to be used in place of the original, and request payment of medical insurance benefits either to myself or to the party who accepts assignment. I understand it is mandatory to notify the health care provider of any other party who may be responsible for paying for my treatment.

Patient Signature: _____

Date: _____

Insured's Signature: _____

Date: _____