

**Gastrointestinal Associates, LLC**

**Financial Policy**

The physicians at our office are contracted with a variety of insurance plans. We also provide services for private pay patients. We will submit claims, on your behalf, to your primary insurance carrier and one secondary insurance carrier (if applicable). Our office does not contract or file claims with health share plans, auto or liability insurances. Payment is required at time of service and we will provide you with an itemized statement to file for reimbursement from the insurance company.

Please remember your health insurance is an agreement between you and your insurer. It is your responsibility to know and understand the coverage, benefits and requirements of your health insurance plan. If you would like us to submit a claim for your services you must present a current insurance card at the time of service. If you do not have your card with you, payment at the time of service is required. You may provide the insurance information to our business office within 30 days, and we will submit a claim for you. Upon receipt of payment from your insurance we will process a refund to you for any over-payment.

If your health insurance requires a **COPAY** please be prepared to pay the copay at the time of service. We accept cash, check, Visa, Mastercard, Discover or American Express. If you are not prepared to pay your copay or private pay balance at the time of service, it may be necessary to reschedule your appointment.

If you have an out-patient procedure you may receive charges from the physician, facility, anesthesiologist or pathologist. Our office only has information related to the physicians' charges and, in some instances, the pathologists' charges. We can provide you with the phone numbers to contact the other offices for information regarding their charges.

Our office does not offer long term financing of balances for healthcare services we provide. Limited payment plans may be available but must be approved by our Business Office Manager. In the event your balance is not paid timely and we must employ a collection agency or attorney, all interest and/or fees for collection will be the responsibility of the patient in addition to the balance for healthcare services received.

**Credit Card/Debit Card Authorization Policy**

Our policy requires that a credit card or debit card be placed on file prior to being seen by our providers. This card will be charged only if your account has a balance more than 30 days past due. Co-pays or Private pays will be collected at the time of service. We will verify that the credit or debit card is a valid, active account at the time it is received. If you do not provide a credit or debit card prior to being seen by our providers, it may be necessary to reschedule your appointment.

Our business office will verify insurance benefits, **for the physician only**, on scheduled procedures. This insurance verification is not required and is not a guarantee of payment as your health insurance will determine payment after they receive a claim from our office. If you need more detailed policy information, you will need to contact your insurance company. We will not process payment on the credit/debit card until after we have filed a claim and received a response from your health insurance company.

After each visit with us we will file a claim, on your behalf, to your health insurance company. After your insurance company processes your claim, Gastrointestinal Assoc., LLC will mail a statement to the address on file providing you with any balance due that is your responsibility. If we do not receive payment within 30 days from the statement date, we will process the balance due to your card on file. If you have questions about your bill, you must contact the business office at 913-541-0510, prior to that time.

The security of your information is of the utmost importance. Your card information is stored by the credit card merchant vendor, who specializes in credit card processing and maintains the highest level of security for credit information. Our staff does not have access to your card information after it is entered into the merchant vendor's database. No personal medical information is stored with the credit merchant company.

**If you have any questions about the financial policy please contact our business office at 913-541-0510.**

***I have read and understand the policies stated above and agree to them, as described.  
I understand that this agreement is final and irrevocable.***

\_\_\_\_\_  
**Patient Name (printed)**

\_\_\_\_\_  
**Patient Date of Birth**

\_\_\_\_\_  
**Signature**

\_\_\_\_\_  
**Date**