FINANCIAL POLICY FOR

GASTROENTEROLOGY SPECIALISTS OF GWINNETT, PC AND

NORTHEAST ENDOSCOPY CENTER, LLC

Our goal is to provide and maintain a good physician-patient relationship. Letting you know in advance of our office policy allows for a good flow of communication and enables us to achieve our goal. Please read this carefully and if you have any questions, please do not hesitate to ask a member of our staff.

On arrival, please sign in at the front desk and present your CURRENT insurance card. We will file your insurance claim as a courtesy to you. It is your responsibility to provide us with the correct insurance information. If you have secondary insurance coverage, you will need to present that insurance card at the same time.

We do not make any guarantees regarding the payment of your insurance claims. It is your responsibility to understand your benefit plan. It is also your responsibility to know if a written referral or authorization is required for your medical care , if preauthorization is required prior to a procedure, and what services are covered. Not all services provided by our office are covered by every plan. Any service determined to not be covered by your plan will be your responsibility.

You are responsible for any and all co-payments, deductibles, and coinsurances for your procedures. These are collected prior to performing your procedure.

If our physicians do not participate in your insurance plan, payment in full is expected from you at the time of your office visit. For scheduled appointments, prior balances must be paid prior to the visit.

If you have no insurance, payment for an office visit is to be paid at the time of the visit.

Co-payments for office visits and consultations are due at the time of service. Any remaining patient balances are billed immediately on receipt of your insurance plan's explanation of benefits. Any financial arrangements must be approved in writing from our business office. A fee of $30.00 will be assessed on any checks returned for insufficient funds. If we find it necessary to take collection action on your outstanding balance, you will be assessed an additional 30% to that amount or a minimum of $30.00.

We require 48 hour notice for cancelling a procedure. There is a $100.00 fee assessed if 48 hour notice is not given. (2 business days – weekends do not count towards notification)

Printed Patient Name_____

Patient Signature_____ Date_____