

Gastroenterology Associates of SW Florida-Financial Policy

The following sets forth the general financial policy of Gastroenterology Associates of S.W. Florida, P.A. Please review this information and sign where indicated.

The patient is responsible to provide the office staff of Gastroenterology Associates of S.W. Florida, P.A. with current, accurate billing/insurance information at the time of check in and to notify Gastroenterology Associates of S.W. Florida, P.A. of any changes in this information. Any patient with a commercial insurance plan or a Medicare Replacement Plan and Medicaid or a Medicaid HMO as a secondary plan needs to be aware that we do not bill Medicaid or a Medicaid HMO as a secondary payer and the patient will be responsible for any copays/deductibles/coinsurances or any remaining balances due.

The specialist co-pay (which can be different than my Primary Care co-pay) is to be paid prior to services being rendered. I understand that this is a contractual agreement that I have with my health plan and that Gastroenterology Associates of S.W. Florida, P.A. also has a contractual agreement with my health plan to collect co-pays at the time of service, and they are required to report to the carrier any enrollees failing to pay the co-pay.

There will be no patient refunds issued until ALL claims have been processed by your insurance company and until we are able to reconcile your account(s) with the office and surgery center to determine no further patient responsibility remains.

We participate in Medicare Part B and we will bill Medicare for services on your behalf. Medicare has an annual deductible which must be met. You are responsible for your annual Medicare deductible (which may change from year to year). You are responsible for any services that Medicare does not cover. From time to time, Medicare may indicate that coverage for specific procedure, service, or treatment may not be covered. In those instances, we will ask that you sign an **ABN (Advanced Beneficiary Notice)** indicating you understand that the service may not be covered, but you wish to have the procedure, service or treatment and assume responsibility for payment if Medicare denies the claim.

Gastroenterology Associates of S.W. Florida, P.A. is not affiliated, nor are we contracted with, any worker's compensation carriers. Patients will need to contact their worker's compensation case worker to determine who their covered treatment providers are.

Gastroenterology Associates of S.W. Florida, P.A. does not submit bills for motor vehicle or personal injury claims, nor accept letters of protection from an attorney. Patients are responsible for full payment at the time of service. Patients must submit bills to their insurance company.

There is a \$15 Statement Fee that will be charged to my account if I do not pay my co-payment on the day of the visit.

There will be an insufficient funds fee of \$25 charged to my account if an insufficient funds check is given for payment. I further understand that to rectify my account, I will be required to pay with cash, a money order, cashier's check, or credit card.

There is a \$75 fee if I do not give two business days advance notice when you no show, cancel or rescheduling for any endoscopy procedures.

Medical records request are handle by a third party company "Bactes". There is a standard fee of \$1 per page, plus shipping and handling fees. A properly signed medical records release will be required in order to get the copy of your medical records. If you have any questions about your request call Bactes at 1-866-602-5677 or www.bactes.com.

I understand that Gastroenterology Associates of S.W. Florida, P.A. will verify my insurance eligibility, deductible amounts, and coinsurance amounts prior to any elective procedures that I may have. I further understand that it is the policy to collect the deductible and/or coinsurance prior to scheduling my elective procedure. I further understand that the FEE I AM QUOTED IS AN ESTIMATE based on the anticipated procedure to be performed and the current information provided to Gastroenterology Associates of S.W. Florida, P.A. by my insurance carrier.

I understand that I will be billed for any amounts due by me (co-payments/coinsurance amounts/deductible amounts) and that I have a financial responsibility to pay these amounts. I understand that I will be provided with a statement for any balance due after insurance payment. I understand that if I am having trouble meeting my financial obligations I should contact the business office immediately. I further understand that if I have not made payment after the third "Final Notice" statement being mailed that my account will be sent to an outside collection agency. I also understand that I will be responsible for any collection, interest or attorney's fee's associated with the collection efforts. I understand that any courtesy adjustments (self-pay adjustments, etc.) shall be reversed prior to turnover to a collection agency and I will be billed the original amount if my account is not paid.

I authorize Gastroenterology Associates of S.W. Florida, P.A. to act as my representative in connection with an appeal to my insurance plan for claims payment and authorization of services; and to release information about my medical history with regards to any such appeal.

I understand that the staff of Gastroenterology Associates of S.W. Florida, P.A. or the collection agency may contact me on my cell phone, home phone or any phone number that is provided to discuss financial responsibility, unless I submit a written request to restrict certain phone numbers where I can be contacted.

I understand that Gastroenterology Associates of S.W. Florida, P.A. will obtain the necessary authorizations prior to rendering treatment. I further understand that prior authorization is not guarantee of payment, and that I am responsible for any bills not paid by my insurance carrier.

My signature below confirms that I have read and understand these financial policies and my financial obligation as pertains to the providers of Gastroenterology Associates of S.W. Florida, P.A.

Gastroenterology Associates of S.W. Florida, PA complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, or sex.

PRINT-Patient Name

Enter Today's Date

Patient Signature

or

Legal Guardian Signature

Relationship to Patient /and/ Account #