

FINANCIAL POLICY

Thank you for choosing Mid-America Gastro-Intestinal Consultants and G. I. Diagnostics for your health care needs. It is our goal to make the financial aspects of your health care as convenient and efficient as possible. Please read the following billing policies to understand your financial responsibilities as a patient.

INSURANCE AND PAYMENT POLICY

We are participating providers with Medicare and most major insurance plans. The patient should know if the physician and, if applicable, the facility where the procedure will be performed participates with your insurance plan. If your insurance plan is an HMO or EPO and requires a referral form from your primary care physician, it is your responsibility to obtain prior to your appointment. It is important for you to know your out-of-pocket costs not covered by your insurance which include deductibles, co-payments, co-insurance and non-covered services. You will be responsible for payment in full of any balance on your account upon receipt of your Explanation of Benefits from your insurance company or a balance due statement from our office. Co-pays are due at the time of service.

PAYMENT METHODS

We accept payment by cash, check or money order, VISA, MasterCard or Discover. There will be a \$25.00 service charge on all returned checks.

SELF-PAY PATIENTS

Patients will be required to pay in full the estimated charges prior to procedures being performed. Office visits are to be paid in full at the time of service.

BALANCE DUE STATEMENTS

You will receive an itemized statement on any outstanding balance on your account. Statements are mailed monthly. The balance should be paid in full unless financial arrangements have been made with our business office. Past due accounts will be reviewed for possible collection proceedings.

PROCEDURE APPOINTMENTS – CANCELLATIONS/RESCHEDULED

We make every effort to accommodate your scheduling needs. It is important to be on time for your procedure, arriving early as requested, and to notify us in the event you need to reschedule your appointment. We reserve for our patients, the amount of time we need to provide quality health care. Therefore, sufficient notice to change your procedure appointment is necessary in order to offer this time to another patient.

We require a minimum of three (3) business days prior to your scheduled procedure appointment for any cancellation or rescheduling needs.

PROCEDURE APPOINTMENTS CANCELLED/RESCHEDULED WITHOUT SUFFICIENT NOTICE (3 BUSINESS DAYS) WILL INCUR A CHARGE OF \$ 100. THIS CHARGE IS NOT COVERED OR PAID BY ANY INSURANCE COMPANY; THEREFORE THE CHARGE WILL BE BILLED DIRECTLY TO THE PATIENT.

DEDUCTIBLES

The business office will contact you once benefits have been verified with your insurance plan. Deductible amounts are the responsibility of the patient. Advance payment is required on procedure appointments.

PRE-CERTIFICATION

We will contact your insurance company to obtain pre-certification on procedures scheduled by our office. Pre-certification does not guarantee coverage and/or payment by your insurance plan. It is your responsibility to know the extent of coverage for services provided by our office.

PROCEDURE BILLINGS

If your procedure is done in our endoscopy center, you will receive two bills; one for the physician's professional services and the other for facility fees. The professional fee is billed by Mid-America Gastro-Intestinal Consultants and reflects the services provided by the physician. The facility fee is billed by G. I. Diagnostics.

You may receive a statement from Plaza Anesthesia. This company bills for anesthesia services provided during your procedure.

Any pathology performed during your procedure will be billed by the entity providing the service.

SCREENING VS. DIAGNOSTIC COVERAGE

Insurance companies often provide screening benefits for routine screening colonoscopy. However, if during your screening procedure the physician removes a polyp or performs biopsy, the procedure may be considered diagnostic and may not be covered as a screening exam. In this case, some insurance companies drop financial responsibility to the patient for all or part of the procedure cost. It is important for you to know if this may apply to your routine screening benefits.

I have read, understand and accept the above financial policies.

Patient's Name

Date