

# Shore Gastroenterology Associates, PC

## FINANCIAL POLICY

We are pleased that you have chosen Shore Gastroenterology Associates for your healthcare needs. It is our goal to provide you with the highest quality healthcare services possible. In choosing our services, you have accepted the financial responsibility to ensure full payment for our services.

### OUR POLICY REGARDING:

**Copayment:** Your copayment, as stated on your insurance card, will be collected from you prior to your visit. You may make your payment either by cash, check or credit card. We gladly accept Visa, MasterCard, American Express, and Discover cards for payment.

**Private Pay:** Patient agrees to pay Shore Gastroenterology Associates at the time of treatment for services rendered. We will provide a statement which can be used to submit claims for reimbursement or kept for personal records.

**Medicare:** Shore Gastroenterology Associates is a participating provider with Medicare Part B program. We will bill Medicare directly for services rendered. You will be responsible for any deductibles and coinsurance.

**HMO/PPO/POS:** Our office participates in many HMO, PPO, and POS plans. You are responsible at the time of service for any copayment stated on your insurance identification card. Any additional amounts due by you will be billed to you once your insurance processes the bill.

**Major Medical:** Your major medical insurance coverage is a contract between you and your insurer. As a courtesy to you Shore Gastroenterology will bill your insurance carriers directly. You are responsible for any deductible and co-payment or coinsurance that is determined by your insurance carrier.

**Workers' Compensation:** Shore Gastroenterology Associates will bill your insurance carrier for you. Should your claim be found to be non-compensable, we will bill your private health insurance carrier, and you will be responsible for any applicable co-payment or coinsurance.

**Motor Vehicle Accident:** Shore Gastroenterology Associates will bill your motor vehicle and health insurance(s) directly. Should your motor vehicle insurance deny your claim, we will send your bill to your private health insurance carrier. You will be responsible to pay for patient responsibility as stated by your health insurance. It is not our policy to await the results of your litigation to receive payment; we will not hold a Letter of Protection or Lien on your account. We do not waive any financial responsibility in litigation cases.

**Referrals/Authorizations:** You are responsible for obtaining a referral or authorization as required by your insurance for our services. You may be financially responsible for any charges denied due to absence of a referral or authorization. Your scheduled visit may also be rescheduled due to the absence of a referral/authorization; or you may choose to pay your visit in full, and be reimbursed upon presentation of a valid referral/authorization.

**Cancellation Policy:** If you fail to call and cancel your appointment, we reserve the right to bill you a cancellation fee of \$25.00 which your insurance company will not pay.

**Returned Checks:** If your personal check is returned to us by your bank for any reason, you will be charged a fee of \$25.00. Both your original payment and check fee are payable in cash or credit card. Any future payments you need to make to our office must be either cash or credit card.

I have read the above policy regarding my financial responsibility to Shore Gastroenterology Associates for providing medical care to me or the below named patient. I understand that my failure to comply with the financial policies of Shore Gastroenterology Associates may cause interruptions in my medical care. I understand that it is my responsibility to inform this office of any correspondence that I receive from my insurance company notifying me of a change or cessation of my insurance coverage.

Patient Name: \_\_\_\_\_

Responsible Party Signature: \_\_\_\_\_ Date: \_\_\_\_\_