

CONSULTANTS IN GASTROENTEROLOGY, PA

FINANCIAL POLICY

Thank you for choosing our practice for your gastroenterology service. We are committed to satisfaction and quality care. We value you as a patient and look forward to serving your healthcare needs. Please understand that a sound financial policy is a part of every practice. The following is a statement of our financial policy.

Please note that payment is due when services are rendered.

Fees/Billing

You are encouraged to ask any questions regarding fees with our billing office.

Insurance

Our charges are usual and customary for our area. We encourage all patients to confirm their coverage with their insurance company prior to their appointment date. Services provided by our physicians in the hospital and office will be filed to your insurance company, provided we are given sufficient information. You will, however, be asked to pay your deductible and/or co-pay at the time of service. If we do not participate with your insurance company, we will file it as a courtesy to you and any unpaid balance following insurance payment is your responsibility. For those insurance companies who participate, any money due after the applicable contractual adjustment is your responsibility. The amount of payment by your insurance company depends on your individual policy. It is important you understand your policy and what it covers. If you are uncertain that we are a participating provider, please refer to your manual or contact our business office.

Non-Insured

If you do not have any medical insurance you will be responsible for your entire bill. If you are experiencing financial difficulty or hardship, the business office will establish a financial arrangement. Please call prior to your visit to make this arrangement.

Managed Care

Although we do participate with several managed care companies, it may be necessary for our business office to verify that we participate with your plan. It is your responsibility to provide us with a referral from your Primary Care Physician. You will be liable for any unpaid balance, due to non-compliance with your policy's requirements.

Medicare

We are a participating provider with Medicare. As an added service, if you have coverage secondary to Medicare, we will also file this for you.

Medicaid

We are a participating provider for South Carolina Medicaid, however you must have your current card at the time of service. Your card must have remaining visits to be valid. Please note that WE DO NOT ACCEPT MANAGED CARE/HMO MEDICAID.

Workers Compensation

We do not file Workers Compensation. Payment is due when services are rendered.

When Your Insurance Changes

Your insurance coverage may change from one visit to the next. Your cooperation is continuously needed when updating your information at registration. It is, however, your responsibility to notify us of any changes in your insurance before you are seen.

We have variable insurance guidelines for laboratory testing. We cannot be held responsible for your testing being done at the wrong lab if the correct insurance information was not provided to us in advance of your treatment.

We accept cash, checks, Visa and MasterCard.

Thank you for understanding our financial policy. Please let us know if you have any questions or concerns.

I have read, understood and agree to this financial policy.

Signature _____ Date _____