

WELCOME TO OUR PRACTICE:

Enclosed please find a questionnaire that the physician would like you to fill out and return in the enclosed, stamped envelope before your initial appointment. **If time does not allow you to mail it back, please bring it with you on the day of your initial appointment.**

FINANCIAL POLICY:

In order to reduce confusion and misunderstanding between our patients and the practice, we have adopted the following financial policy. If you have any questions, please discuss them with our billing staff or billing coordinator.

We are dedicated to providing the best possible care and service to you and regard your complete understanding in our financial policies as an essential element of your care and treatment.

As a courtesy, we will bill a patient's insurance. However, your insurance policy is a contract between you and your insurance company. It is the patient's responsibility to make sure that their insurance carrier remits payments and to pay for charges not covered by insurance. If your insurance company does not pay the practice within a reasonable period, we will have to look to you for payment. If we later receive a check from your insurer we will refund any overpayment to you.

All health plans are not the same and do not cover the same services. **There is no guarantee that your insurance company will cover your visit, especially if it is a screening or preventive care visit.** In the event your health plan determines a service to be "not covered", you will be responsible for the complete charge. Payment is due upon receipt of a statement from our office.

***EXCELLUS/MANAGED CARE/PARTICIPATING INSURANCES/ MEDICARE/MEDICAID-** Insurance cards need to be presented at check in. Co-payments are due at time of service. For your convenience we accept cash, check, Visa and MasterCard.

***NON-PARTICIPATING INSURANCE-** Insurance cards need to be presented at check in. Payment is required in full at the time of service. Payment methods listed above.

***SELF PAY -** If you are uninsured, you are responsible for payment in full at the time of service, unless previous arrangements are made with the billing staff.

***CREDIT BALANCES-** A refund will be generated to the responsible party if an account has a credit balance over \$10.00. However, credit balances less than \$10.00 will be retained and applied to future balances unless a refund is specifically requested.

***RETURNED CHECKS-** A \$20.00 fee will be assessed for a check returned by your bank.

*In order to provide the best possible service and availability to all our patients, please call us as early as possible if you know you will need to reschedule your appointment. If an appointment is not cancelled, we reserve the right to charge you for the visit.

*Our initial consultation fees range from \$69.00 - \$241.00. Please note that all of our physicians are Board Certified in Gastroenterology and Liver Disease.

APPOINTMENT DATE: _____ TIME: _____

OFFICE LOCATION: _____ PHYSICIAN: _____