

Associated Gastroenterologists of Central New York, P.C.

MICHAEL A. FITZGERALD, M.D., RETIRED IN 2011

JAMES G. TIFFT, M.D.

JOHN A. DALE, M.D.

SCOTT A. EDISON, M.D.

THEODORE J. KOH, M.D.

JOHN H. SUN, D.O.

MARGARET M. SATTERLEE, M.D.

RAYEES NIZAM, M.D.

THOMAS C. LEE, M.D.

CHRISTINE M. GRANATO, M.D.

QUN XU, N.P.

LISA A. HAWTHORNE, N.P.

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 of 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 preventative 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.

◆ EXECELLUS/MANAGED CARE/PARTICIPATING INSURANCES/ MEDICARE/MEDICAID-

Insurance cards need to be presented at check-in.

◆ **CO-PAYMENTS are expected at time of service** as stated in your Insurance contract. Missed co-payments will be subject to an additional \$10.00 fee which will not be included in your insurance claim. 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 within 24 hours prior to the appointment time, our fee for a **"no show"** is as follows: for procedures \$100.00, for initial consults visits \$50.00, and office visits \$25.00.

◆ Our initial consultation fees range from \$78.00 - \$377.00 Please note that all of our physicians are Board Certified in Gastroenterology and Liver Disease.

APPOINTMENT DATE: _____ **TIME:** _____

OFFICE LOCATION: _____ **PHYSICIAN:** _____

TOWNSHIP 5 MEDICAL PARK
260 TOWNSHIP BLVD SUITE 20
CAMILLUS NY 13031
(315) 708-0190 FAX 488-3284

NORTHEAST MEDICAL CENTER
4309 MEDICAL CENTER DRIVE
FAYETTEVILLE, NY 13066
(315) 329-7300 FAX 329-7308

NORTH MEDICAL CENTER
5100 W. TAFT ROAD, SUITE 3C
LIVERPOOL, NY 13088
(315) 452-2214 FAX 452-2217

4939 BRITTONFIELD PARKWAY
BLDG. B, SECOND FLOOR, SUITE 209
EAST SYRACUSE, NY 13057
(315) 218-0085 FAX 218-0087