

Digestive Healthcare of Georgia Patient Financial Responsibilities

(Please bring this signed form with you to your appointment)

Digestive Healthcare of Georgia welcomes you to its family of physicians and healthcare providers. We are pleased you have chosen us to care for you and we commit to enhance the value and quality of your care. This policy statement is intended to answer questions you may have regarding payment for services rendered at our facilities or in the hospital setting by members of the group. Your questions and comments are welcomed.

While we hope to maintain a longstanding relationship with you, we must ensure all patients follow our policies. We require all our patients to read and sign this document and we will maintain this in our files. Failure to adhere to these financial policies can result in dismissal from the practice.

Payment For Services

For your convenience, we accept cash, VISA, MasterCard, and AMEX, debit cards, traveler's checks, money orders and personal checks. Starter checks and post dated checks are not accepted. A valid picture ID is required on all checks. **If co-payments, coinsurances and/or deductibles are required by your insurance plan, they are due when services are rendered.**

Cancellation/No Show Policy

To ensure that all our patients have access to our physicians, we have established the following fees for **late cancellations** and **no shows**. Office visits cancelled less than 24 hours of the appointment may be subject to a charge of **\$50.00**. Procedures cancelled less than 72 hours of the appointment may be subject to a charge of **\$100.00**. These charges will be billed to the patient and not their insurance carrier.

Self Pay Patients

The group welcomes self-paying patients when no insurance coverage is available for our services. Patients who have no insurance are asked to pay in full at the time of service. If for any reason you may be unable to pay in full at the time of service, speak with the billing manager in advance of the visit to determine if reasonable payment arrangements can be established with the group. New patients without insurance are required to pay a \$150 retainer when checking in. This will be applied to your visit and you will be asked for the balance or if the visit is less than \$150, you will be refunded the difference during checkout.

Filling out Forms

For your convenience, Our physicians will fill out forms for our patients. The fee for this service is **\$30.00**. This fee must be paid when the form is mailed or dropped off at the practice. Patients are not required to pay a fee for State disability or Workers Compensation forms.

Insurance Coverage

Your Physician's Participation With Your Insurance Plan

Our group accepts most major insurance plans. Prior to your initial visit, please contact your insurance carrier to confirm that the physician you'll be seeing participates in your plan. If a procedure is necessary and you decide to have your procedure performed in our endoscopy lab, contact your insurance carrier to ensure that our endoscopy lab is also in network with your insurance plan. Our billing department will assist you with any information your insurance carrier may need to clarify our physician/endoscopy lab's participation with your plan.

If the physician does not participate with your insurance plan, you will be responsible for payment of all charges at the time of your visit. You will be provided an itemized bill which you may submit to your insurance plan for any reimbursement for which you may be eligible.

Current Insurance and Patient Demographic Information

If your physician participates with your insurance plan, we will file a claim on your behalf and only request payment at the time of service for any co-payments, deductibles, coinsurances or services that are not covered by your plan. For the group to file your insurance, we must have a valid picture ID, the current insurance coverage(s) and be made aware of any changes in either insurance or patient address or phone numbers. **Please bring your insurance card to every visit so that we can confirm your coverage. Otherwise, the visit will be considered self-pay.**

Patient Payment Responsibility For Non-Covered Services

In some cases, your insurance may not cover certain services or may have coverage limits in place. Limited coverage on routine, preventive healthcare is common among insurance plans. We may request payment for any known, non-covered services at the time of your visit; otherwise they will be billed to you at a later date.

Managed Care Insurance (HMO ,POS & PPO plans)

Patients with managed care health plans will be expected to follow the payment-at-time-of-service requirements of the particular plan under which they are covered. Managed care patients will not receive monthly statements except for services that are not covered by the plan.

Your managed care plan may require a **referral** from your PCP in order to pay for your visit to a specialist. Please make sure you have obtained any required referrals in advance of your visit. If your insurance plan requires a referral and we do not have one, we will try to notify you prior to the visit. If we are unable to obtain a referral while you wait, you will be given the option to pay for the visit out of pocket or to reschedule the visit for a later date after the referral can be obtained.

Your managed care plan may also require **prior authorization (precertification)** prior to any outpatient procedures performed by our physicians. Our precertification department will assist in obtaining prior authorization for outpatient services that are considered medically necessary. However, **Screening Colonoscopy** may not be covered by your insurance plan even if it is recommended by your physician. You are responsible for calling your insurance carrier to ensure that **routine colonoscopy screenings** are a covered benefit under your insurance plan.

Indemnity Insurance

Our group does not contract with indemnity insurance plans, with the exception of Blue Cross. All other indemnity plans will be filed as a courtesy by our office. If payment is not received within 60 days from the time the claim is filed, the visit will be changed to self pay status.

Medicare Insurance

Our physicians accept Medicare assignment on covered Medicare charges. Payment for the 20% Medicare coinsurance amount will be billed after we receive payment from Medicare. Payment of the annual deductible or any non-covered charges is expected at the time of service unless you have secondary insurance accepted by the group (see "Secondary Insurance" policy below).

Medicare may not pay for certain services it determines to be medically unnecessary. If there is a possibility that a service to be provided to you may fall into this category, you will be asked to sign an **advanced beneficiary notice** indicating that you acknowledge this possibility and that you agree to pay for all services Medicare determines to be medically unnecessary.

Medicaid & Georgia Better Healthcare Insurances

Patients must show proof of current Georgia Medicaid eligibility (current Medicaid card or DMA 964 form) prior to seeing a physician. Co-payments are to be paid at the time of service.

Worker's Compensation Insurance

Validated worker's compensation services are billed either to the employer or the employer's carrier, depending on company policy. In the absence of validation by the employer of a work-related injury, the patient will be held responsible for payment for services rendered. Should the employer or carrier subsequently deny a validated worker's compensation service, such charges will be the financial responsibility of the patient.

Secondary Insurance

We file secondary insurance only for plans accepted by the group. We also file all Medigap insurance plans for our Medicare patients. We allow 60 days from the date of service for your secondary payer to pay. Beyond 60 days, unpaid secondary balances are patient responsible.

Signed: _____

Patient/Guarantor

Date: _____

By Signing above, the patient or guarantor acknowledges that he/she has read and agrees to comply with all policies above. Please bring this signed form to your appointment.