CAROLINA GASTROENTEROLOGY

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Financial Policy

Thank you for choosing our practice! We are committed to the success of your medical care. Please understand that payment of your bill is a part of that care. For your convenience, we have answered a variety of commonly asked financial policy questions below. If you need further information about any of these policies, please ask to speak with a billing specialist or the practice manager.

HOW MAY I PAY?

We accept payments by cash, check, master card, visa and debit cards. (the fee for returned checks is $35.00), fee for no show appointments is $30.00, cancellation of any office appointment has to have a 24 hour notice or a $30.00 will be charged and 48 hour notice for procedures or a $50.00 charge for any outpatient procedure. (out patient procedures will be rescheduled once free of charge, any/all additional rescheduling will have a $25.00 charge attached). "Reminder calls for all appointments are a courtesy and will not deter us from charging you for a no show."

DO I NEED A REFERRAL?

Please check with your insurance carrier or your primary care physician. If a referral authorization is needed, please make sure your primary care physician gives you the proper documents and fax them to our office prior to your appointment date. We have a telephone available for you to call your primary care provider to obtain it. If you are unable to obtain the referral at the time of your appointment, you will be able to reschedule your appointment or by signing this form you will assume all responsibility for services, we will collect all fees at the time of service and you can file with your insurance company.

WHAT IS MY FINANCIAL RESPONSIBILITY FOR SERVICES?

Your responsibility depends on several factors: copay or co-insurance and deductible and are due at the time of service, each policy is different. We will request any outstanding amount at each visit. Ask our financial staff if you have questions. (an additional fee of $6.00 will be added to your bill for each additional monthly statement after the first statement), outstanding accounts will be turned over to a collection agency after 2 billing cycles. Accounts sent to collections will include a $25.00 or 20% administration charge depending on the amount due.

When you provide us with a wireless telephone # or landline #, you are giving us your prior express consent to call that number.

We reserve the right to bill insurance company/patient for any or all phone or on line medical discussion, evaluation, management, assessment services provided by our physician or qualified non physician healthcare professional.

I have read, understand and agree to the above financial policy. I understand that charges not covered by my insurance company, as well as copayments and deductibles are my responsibility and due at the time of service. Secondary and tertiary insurances are filed as a courtesy to our patients all balances are patient responsibility.

I authorize CAROLINA GASTROENTEROLOGY PA to release pertinent medical information to my insurance company, or to facilitate payment of a claim.

_____ *Date* _____

Signature of Patient or Personal Representative

_____

Print Name

If Personal Representative, what is your relation to the patient _____