

DIGESTIVE HEALTH SPECIALISTS OF THE SOUTHEAST FINANCIAL POLICY

TO OUR PATIENTS:

Thank you for selecting our office for your medical care. In order to prevent any misunderstanding concerning the responsibility for payment for medical or surgical services provided to our patients, the following is supplied.

The patient or the guarantor is responsible for payment for services provided by Digestive Health Specialists of the Southeast at the time of services unless prior arrangements have been made. The only exception is if **Digestive Health Specialists of the Southeast** has contracted with your HMO/PPO insurance plan to accept the insurance payment as payment in full after all deductibles have been met and all copays have been paid.

We will file a claim to your insurance company for each visit. If requested, we will furnish you with a copy of your bill for each visit, which contains all the information necessary for you to bill any personal reimbursement policies that you may have.

Charges for initial and return office visits will vary depending on the nature of your visit and if any procedures are performed. Additional test or procedures, such as laboratory, radiology, or other diagnostic test, will be billed separately by those providers.

HMO/PPO OR CONTRACTED INSURANCE COVERAGE

Certain health insurance (HMO, POS, etc.) require that you obtain a referral from your Primary Care Provider (PCP) or prior authorization from your insurance company before visiting a specialist or having a procedure done. Our team of insurance specialist will assist as a courtesy, but **you are primarily responsible for obtaining all required information.** Failure to obtain the referral and /or preauthorization may result in a lower or no payment from the insurance company, and the balance will be your responsibility. Alternative payment arrangements or rescheduling of your appointment may be necessary if not obtained.

MEDICAID

If you have Medicaid coverage, we must have your Medicaid card to verify coverage at the time of service and the required co-pay amount. If you have Medicaid coverage pending, we require payment for the services **at the time of your visit.** If, within three months after your visit, you provide a retroactive Medicaid card that covers the date of the visit, we will refund your payment after Medicaid pays for your visit.

MEDICARE

Our physicians are participating Medicare providers. Office visits and procedures by a doctor are covered under part B of the Medicare program. Medicare pays 80% of their allowable charges after you pay your annual deductible for the calendar year. If you have supplemental insurance, we require a copy of your insurance card and insurance mailing address.

I have read all the information above and agree that, regardless of my insurance status, I am ultimately responsible for the balance on my account for any professional services rendered.

In the event that your insurance company is billed, I authorize payment of medical benefits to be paid directly to **Digestive Health Specialists of the Southeast.** A photocopy of this agreement shall be considered as effective and valid as the original.

In the event that your account is placed with a collection agency or an attorney upon default of payment, I agree to pay all collection costs including attorney fees and court costs.

Signature_____

Date_____

Responsible Party _____

Date_____

I authorize the release of any medical information necessary to process my claims.

Signature_____

Date_____