

GASTROENTEROLOGY ASSOCIATES, P.C.

INSURANCE NOTICE AND AGREEMENT AND REFERRAL NOTICE

The practice of Gastroenterology Associates, P.C., will file your insurance if we “*participate*” with your insurance plan. Any co-payment, deductible, etc. are to be paid in full at the time of each visit. We do not bill for co-payments. If our office does not participate with your insurance, it will be your responsibility to file your insurance claims directly with your company. You will be responsible for full payment at the time of service. Returned checks and balances older than 60 days will be subject to interest charges of one and one half percent per month (1½ %). Returned checks are also subject to a \$25.00 administrative fee. Any accounts turned over to our collection agency and/or attorney will be subject to a 25% charge to cover the collector’s fees. We will be happy to discuss your proposed treatment answer questions relating to your insurance.

- 1.) I hereby authorize the release of any medical information and any filing of insurance claims pertaining to services rendered to myself by the practice of Gastroenterology Associates, P.C.
- 2.) I authorize payment of medical benefits to the practice of Gastroenterology Associates, P.C., and understand the above Policies and agree to financial responsibility for services not covered by my insurance. I further agree to accept any Finance charges and/or collection fees assessed to my account for the untimely payment of overdue balances.
- 3.) We ask that you give us a 48 hour notice when canceling your office/procedure appointment. Our answering service is available after office hours, to take your appointment cancellation.
- 4.) It is your responsibility to know if your insurance company requires you to have a referral from your primary care physician. If a referral is required, you must obtain the referral.
- 5.) If you are having a procedure, we cannot guarantee that your procedure will be covered or payable by your insurance company. Most insurance companies do not guarantee payment of a procedure until receipt of the claim from our office. Most insurers have clauses that state “based on medical necessity”. As an example, a colonoscopy that your family/primary care doctor states is a “screening” may not be a payable diagnosis. It is your responsibility to speak with your insurance company if you have any questions concerning coverage for your procedure.

I, _____, understand that I will be responsible for payment of all charges incurred that my insurance company will not pay.

(DATE)

(SIGNATURE OF PATIENT)
(OR PARENT SIGNATURE IF PATIENT IS A MINOR)