

CONSULTATIVE GASTROENTEROLOGY

550 Peachtree Street, NE, Suite 1750, Atlanta, GA 30308-2263

PATIENT FINANCIAL RESPONSIBILITIES POLICY STATEMENT AND RELEASE

Thank you for choosing Consultative Gastroenterology for your healthcare needs. Our Healthcare Providers and Staff are committed to enhancing the quality of your care and overall health. This policy statement and release has been designed to inform you of our policies and answer questions you may have regarding payment for services rendered at our facilities or in a hospital setting by members of this group.

Please be sure that you have read and understand all the information provided in this statement, in order to sign the release on the reverse side of this page. As our patient, your signature is both required and binding, and upon signing you acknowledge your understanding and compliance with these policies.

PAYMENT FOR SERVICES

For the convenience of our patients, we accept cash, Visa, MasterCard, Discover, American Express, traveler's checks and personal checks. *Co-payments and/or deductibles required by individual insurance plans are due at the time that services are rendered. Returned checks are subject to a \$25 return fee and no further personal checks will be accepted. Account will be electronically debited for the fee and check amount.*

REFERRALS

Should your insurance carrier require a referral, please contact your Primary Care Physician to confirm that the referral has been received *prior* to your office visit to ensure our ability to render services to you. Without the referral in place, we cannot serve you per our contractual agreement with your carrier.

SELF PAY PATIENTS

We welcome self-paying patients when insurance coverage is not available for our services. Patients without insurance are asked to assume full financial responsibility for the office visit and medical services rendered during the time of service. *If, for any reason, full payment cannot be rendered at the time of service, please speak with our Practice Administrator prior to your office visit to determine if reasonable payment arrangements can be established.*

DELINQUENT ACCOUNTS

Should your account become delinquent, after 90 days it will be turned over to a collection agency for action. A service fee of 16% APR will be charged on the outstanding balance until paid in full. No further services will be rendered until account is paid in full and must remain in good standing.

OUTLINE OF INSURANCE COVERAGES

We accept most major insurance plans. Please confirm that we participate with your insurance plan by speaking with Member Service of your plan.

CURRENT INSURANCE AND PATIENT DEMOGRAPHIC INFORMATION

When our Healthcare Providers participate with a patient's insurance plan, we file a claim on behalf of the patient and request payment at the time of service for any co-payments, co-insurance, deductibles or services not covered by the patient's plan. Your coverage must be verified prior to your visit. In order to maintain accurate claim filing, billing and records, please keep us abreast of any changes in your insurance coverage, address or telephone number(s). You will be asked to present your current insurance card and a picture ID at each office visit.

PATIENT FINANCIAL RESPONSIBILITY FOR NON-COVERED SERVICES

In some cases, a patient's insurance may not cover certain services or may have coverage limits in place. Limited coverage on routine, preventive healthcare is common among insurance plans. For this reason, we provide patients with a form letter to complete by contacting their insurance provider and verifying the specific coverage they have prior to their preventive healthcare visit. We will expect payment for any known non-covered services at the time of your visit.

MANAGED CARE PATIENTS

Patients with managed care health plans will be expected to follow the payment at the time of service requirements of the particular plan under which they are covered. Co-payments, etc. are generally listed on the front of your insurance card. We are considered a "specialist" and co-payments tend to be higher for such services.

MEDICARE PATIENTS

We accept Medicare assignment on covered Medicare charges. Payment of the 20% Medicare co-insurance amount or \$100 annual deductible or any non-covered charges is expected at the time of service, unless the patient has a supplemental insurance, In such cases, insurance will be filed with the supplemental carrier, however, any unpaid Medicare approved amount is expected to be paid by the patient within thirty (30) days of filing the claim if the supplemental policy does not pay the balance.

Medicare may not cover certain services it determines not to be of medical necessity. In cases where a service has the possibility of being in such a category, the patient will be asked to sign a form indicating acknowledgement of the possibility and agreement to take full financial responsibility for all such services Medicare determines not to be medically necessary.

MEDICAID PATIENTS

We ask that our Medicaid patients have proof of coverage or SMA 964 at each visit. Co-payments are due at the time of service.

WORKER'S COMPENSATION PATIENTS

We must have prior authorization to treat from either the employer or the insurance carrier agent. Should the employer or carrier subsequently deny a validated worker's compensation service, such charges will be the financial responsibility of the patient and payment in full will be expected.

RELEASE

I hereby acknowledge that I have read, understand and agree to comply with all policies outlined herein. I also acknowledge should my account go to collections, I will be charged 16% APR on any and all outstanding balances.

_____ Date _____
Signature of Patient / Guarantor