

PRACTICE FINANCIAL POLICY



The intent of this document is to inform our patients about the financial policies of Huron Gastroenterology (HG) and Center for Digestive Care (CDC) in order to reduce confusion and misunderstanding. If you have questions about the policy, please ask to speak with a member of our Patient Financial Services team. We are dedicated to providing the best possible care and service to you and regard your complete understanding of our financial responsibilities as an essential element of your care and treatment.

- _____ Pt Initials
- Payment for services is due in full prior to, or at the time services are rendered. If you have health insurance that either HG or CDC has a participation agreement with, such as Medicare, Blue Cross, Priority Health, or others, we will submit a claim to your primary and secondary insurance. You will be required to pay your co-payment and deductible at the time of service for HG patients and prior to services for CDC patients.
 - At the time you make your appointment, please check if HG/CDC has a participating arrangement with your insurance company.
- _____ Pt Initials
- Whenever you are having a procedure/surgery performed in a hospital facility, it is important to check if the facility also participates with your insurance company. It is the patient's responsibility to make this determination.
 - If you are a member of a health care organization that HG/CDC does not have a participation agreement with, we will prepare and submit a claim for you. This means your insurer will send the payment directly to you. The charges for your care and treatment are due at the time of service for HG patients and prior to services for CDC patients.
- _____ Pt Initials
- There is a **\$25.00** no show or late cancellation for office patients and **\$50.00** for procedure patients. In order to avoid such charges, it is important that you call a member of our scheduling department to cancel your appointment, a minimum of 24hrs prior to your appointment. This courtesy allows other patients who are waiting for an appointment to use this time slot.
 - In the event your insurance plan, Medicare or otherwise, determines the services you received are "a non-covered benefit" and/or you have not obtained any necessary pre-authorization, you will be responsible for the complete charge. You will be asked to sign a waiver prior to receiving the services indicating that they may not be covered by your insurance plan.
 - Patients will receive a monthly statement itemizing the services rendered, payment received, and any unpaid patient balance.
 - For all services rendered to minor patients, we will look to the adult accompanying the patient and the parent or guardian with custody for payment.
 - HG/CDC will bill all health plans we participate with for all services provided to you. Any balance your insurance company determines as patient responsibility will be due upon receipt of a monthly statement.
 - HG/CDC accepts cash, personal checks, money orders, traveler's checks, MasterCard, Visa and Discover.
 - A \$25 fee will be assessed to the account for every check returned to HG/CDC for insufficient funds.
 - HG/CDC reserves the right to turn any patient over to collections if it is deemed that the account has been in default of the payment obligations or compliance of this policy.
 - Refunds: Overpayments will be refunded to the appropriate party, the insurance company or the guarantor. Patient refunds will not be processed until all active or past due accounts are paid in full. Refunds of less than \$10.00 will not be issued unless specifically requested.

I have read and understand the above Financial Policy. I also understand and agree that such terms may be amended by the practice as necessary.

Signature: _____ Date: _____