

PATIENT FINANCIAL AGREEMENT

Thank you for choosing us for your GI care. We are committed to providing you with quality care. We ask all patients to review and sign this policy. A copy will be provided to each patient upon request.

- **Upon Check in:** We will collect your deductible, co-pay, and payment for any uncovered services as well as the patient's portion as determined by insurance.

-**Uninsured patients:** We offer a self-pay discount to make our services more economical for you. **The following could incur additional fees, but not limited due to findings of the procedure(s), pathology, biopsies and sedation.**

-Payments are to be paid at the time of service. Partial payments will not be accepted unless otherwise negotiated for both insured or uninsured patients. We accept all major credit cards, personal and bank issued checks.

-Returned checks are subject to a \$35 return check fee

- **Credit and collection:** Any unpaid charges over 90 days will turn to an outsourced collection agency with additional agency fees. You are responsible for any collection fees, legal fees, or court costs incurred in the collection process. This agency will report you to the three (3) national credit reporting agencies.

- **Missed appointments:** Our policy states that after 2 missed appointments, we require a credit card hold of \$150. On the 3rd no show/same day cancellation appointment, we will charge you \$150. Please help us serve you better by keeping your scheduled appointment.

- **Forms:** We charge \$5 per sheet for medical records request. Please confirm with the establishment requesting for medical records if they will cover the charges before calling our office. We will give every effort in relaying charges to the requestee and not the patient. There is a \$15 fee for any work release, disability insurance and any other multiple paged forms.

-Charges excludes primary care physicians or any doctors' offices, clinics and hospitals for your continued care.

- **Claims:** As an added service to you, we will check your insurance eligibility to verify your medical benefits and coverage prior to your visit. Please be sure to update us with any changes to your insurance.

X

Patient