Patient Payment Policy & Procedure Billing Information

Thank you for choosing inSite Digestive Health Care. Our physicians are committed to providing you the best possible medical care. The following information is provided to avoid any confusion regarding payment for professional medical services and procedures. Our Billing Department will work with you to see that your claim is filed accurately and promptly.

Please sign below that you have read and agree to this Policy.

- All co-pay, co-insurance, or deductible payments will be collected in full at the time of service.
- If we are in-network with your insurance plan, we will not discount our services by any further amount after your insurance company has processed your claim and informed us of your responsibility.
- If we are not contracted with your insurance company, we will bill them, as a courtesy, on your behalf.
- It is our policy to retain your credit/debit card information on file to use for settlement of your account balances. Our office staff will request your card at the time of your visit. Information is stored in our billing system securely and you will be notified via email of your balance and automatic payment before processing.
- If your account is overdue for more than 120 days after your insurance has paid, your balance may be referred to a collection agency. This is done reluctantly, as a last resort, after we have exhausted all efforts for voluntary payment, including use of your stored credit card information.
- Patients with no insurance are required to pay at the time of service with either a credit/debit card or cash.
- If you received medical services via audio/video communications or electronic messaging, please be advised you may incur out-of-pocket expenses.
- The following fees may be assessed if the situation arises:
  - Returned Check Fee - $25.00
  - No Show Fee for Office Visits - $50.00 (individual offices may reduce this fee)
  - No Show Fee for Procedures - $300.00 (individual offices may reduce this fee)

Procedure Billing
PLEASE BE AWARE THAT YOU MAY RECEIVE FOUR SEPARATE BILLS:

1. YOU WILL RECEIVE A BILL FROM THE PHYSICIAN PERFORMING YOUR PROCEDURE
2. YOU WILL RECEIVE A FACILITY BILL FROM THE HOSPITAL OR SURGERY CENTER WHERE YOUR PROCEDURE IS SCHEDULED TO BE PERFORMED
3. IF YOU ELECT TO HAVE PROPOFOL ANESTHETIC, THERE WILL BE A BILL FROM AN ANESTHESIOLOGIST OR CERTIFIED NURSE ANESTHETIST. PAYMENT FOR ANESTHESIA MAY BE REQUIRED IN ADVANCED OR AT THE TIME OF SERVICE.
4. IF ANY BIOPSIES ARE TAKEN OR POLYPS REMOVED, YOU WILL RECEIVE A BILL FROM THE PATHOLOGY LAB.

IMPORTANT: If you have had past and/or present gastrointestinal symptoms, polyps, GI disease, iron-deficiency anemias, any other abnormal tests, and/or a family history of GI conditions, your procedure may **not** be covered under preventative benefits and standard insurance benefits will apply (i.e. annual deductible, co-pay and co-insurance).

Acknowledgement and Authorization

I have read, understand, and agree to abide by the above payment policy. I understand that charges not covered by my insurance company, as well as co-payment, co-insurance and deductible, are my responsibility.

I authorize my insurance benefits to be paid directly to inSite Digestive Health Care.

One-Time Authorization for Medicare recipients:

I request that payment of authorized Medicare benefits be made to me or on my behalf to inSite Digestive Health Care for any services furnished to me. I authorize inSite Digestive Health Care to release to the Centers for Medicare & Medicaid Services and its agents any information needed to determine these benefits or the benefits payable for related services. Additionally, I request that payment of authorized Medi-Gap benefits be made to either me or on my behalf to inSite Digestive Health Care, for any services furnished by this provider. I authorize any holder of medical information to release to my secondary insurance any information needed to determine these benefits or the benefits payable for related services.

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Print name	Signature	Date