

## **Patient Financial Responsibility Agreement**

In order for Gastroenterology Associates, LLP to continue providing our patients with quality medical care, we must receive the contracted payment for our services. Ensuring that we are appropriately and promptly paid is the PATIENT'S RESPONSIBILITY.

***As a part of Gastroenterology Associates, LLP I hereby agree:***

1. To provide the office with a copy of my most recent insurance card or other proof of insurance and photo ID at the time of EACH service, including outpatient and hospital-based services.

**If I do not provide you with valid insurance information at the time of EACH service, I agree to personally pay all unpaid charges or Gastroenterology Associates, LLP reserves the right to reschedule my appointment.**

2. **To pay all non-insurance charges**, including my co-pay, co-insurance, insurance deductible, out-of-network charge differential, and all other non-covered charges at the time of service or when otherwise advised as per my insurance contract. There is a **\$10.00** fee if I do not pay my co-pay amount at the time of the visit.

3. It is the patient's responsibility to understand the insurance plan requirements and ensure that the proper authorization is obtained 3 days **prior to the date of service**. Failure to do so may result in denial of the claim by your insurer. Gastroenterology Associates, LLP cannot accept responsibility for a disputed claim. If your insurance company denies the claim for any reason or holds payment, you are ultimately responsible for the balance due.

4. There will be a **\$25.00** fee for patients who fail to show for a scheduled office appointment and do not provide **24 hours** notice of cancellation of appointment.

5. There will be a **\$100.00** fee for patients who fail to show for a procedure appointment and do not provide **48 hours** notice of cancellation for the procedure.

6. There is a \$15.00 fee for completing forms for FMLA, school, etc.

7. If you are having financial difficulty or have any questions, please contact our Billing Office to discuss your account. Non-payment of accounts after three months will result in referral to an outside collection agency that could impact your credit record.