



DIGESTIVE HEALTH

PHYSICIANS

CONSULTATIVE GASTROENTEROLOGY ♦ GASTROINTESTINAL ENDOSCOPY ♦ HEPATOLOGY

JAMES W. PENUEL, MD

MARK S. O'KONSKI, MD

JUAN G. HERRERA, MD

PAUL L. YUDELMAN, MD

ANDREE A. DADRAT, MD

RICHARD ORNATO, PAC

About Our Practice

www.digestivehealth.com

Digestive Health Physicians is dedicated to providing high quality medical care incorporating the latest advances in our specialty. We have physicians' board certified in Internal Medicine, Gastroenterology and Geriatrics. Our office staff is trained to provide excellent, courteous, personal care for our patients. We specialize in the diagnosis and treatment of digestive and liver diseases. This includes a wide range of problems such as swallowing disorders, heartburn, hepatitis, ulcers, abdominal pain, weight loss, diarrhea, colitis, constipation, jaundice, internal bleeding, colon polyps and cancer of the digestive tract. As consultants, we are often asked to assist in the management of difficult, complex cases with other physicians.

Gastrointestinal endoscopy (literally "to look within") is the specialized procedure we use to examine the upper gastrointestinal tract, colon, pancreas, liver and biliary tree. Should an endoscopy be needed, your physician will utilize delicate fiber optic video instruments, which enable us to accurately diagnose a wide variety of conditions affecting the digestive organs. In many cases, these procedures eliminate the need for major surgery. The procedure is most often performed as an outpatient using mild sedation.

We also perform highly specialized procedures such as ERCP for diagnosis and treatment disorders of the pancreas and bile ducts. Laser therapy is available for treatment of cancer and certain other conditions. Nonsurgical hemorrhoid treatments can be performed in our office. Within our practice we are happy to announce specialization in the art and science of liver disease. Some of our physicians have a special interest and years of experience in the management of challenging problems with hepatitis C, inherited liver diseases, management of cirrhosis and its complications. These physicians work closely with others around the country to provide up to date treatment options. We believe that liver disease requires specialized care and are pleased to announce the formation of a clinic dedicated exclusively to the need of patients who have this problem.

Registration- On the day of your appointment you must bring with you a **photo ID**, and your **insurance cards**. Bring all the paperwork you received in the mail from us completely filled out. If you do not have a photo ID you must bring a copy of a utility bill with your current address, and another form of ID. For your protection we must verify and protect your identity. You must also be prepared to pay any amount due before you see the physician or you may be asked to reschedule your appointment.

Appointment Cancellation - As a courtesy to our other patients, we request cancellations or changes in scheduling be made at least 24 hours in advance. If you do not call to cancel your appointment 24 hours prior a \$20.00 no show charge will be incurred. Please call (239)-939-9939, Option #3.

Prescription Refills - Please plan ahead and call for refills during regular office hours. We will have your prescriptions called in within 48 hours. Please call (239)-939-9939, Option #6. Medications cannot always be prescribed for a problem that has not been previously evaluated or if you have not been seen during the previous year. Controlled substances such as narcotics and tranquilizers will not be refilled at night or on weekends.

Insurance Questions - If you have questions or problems with your bill, insurance claims, or authorizations please call (239)-939-9939, Option #1.

Updated June 29, 2009

Main Office

7152 Coca Sabal Lane, Fort Myers, FL 33908
(239) 939-9939 FAX: (239) 931-5060

Bonita Springs

3501 Health Center Blvd., Suite 2410, Bonita Springs, FL 34135
(239) 947-2244 FAX: (239) 947-6358

www.digestivehealth.com



DIGESTIVE HEALTH P H Y S I C I A N S

CONSULTATIVE GASTROENTEROLOGY ♦ GASTROINTESTINAL ENDOSCOPY ♦ HEPATOLOGY

JAMES W. PENUEL, MD

MARK S. O'KONSKI, MD

JUAN G. HERRERA, MD

PAUL L. YUDELMAN, MD

ANDREE A. DADRAT, MD

RICHARD ORNATO, PAC

ABOUT YOUR PROCEDURE BILL

Digestive Health Physicians is pleased that you have chosen us to provide your medical services. In our endeavor to provide quality care to our patients, we would like to make you aware of the following information regarding your procedure bill.

I have Medicare and a Supplemental Insurance: You will NOT be called or asked to bring payment for your procedure. Both insurance companies will be billed. Any unpaid balance thereafter will be billed to you.

I HAVE NO INSURANCE I HAVE ONLY MEDICARE I HAVE A GROUP INSURANCE

I HAVE A COMMERCIAL INSURANCE: You will receive a phone call from Digestive Health Physicians several days prior to your procedure to discuss the estimated amount to bring on the day of your procedure either by check, cash, or credit/debit cards. If you do not return our call your procedure may be canceled.

Digestive Health Physicians – Will call you regarding the physician fee, and your anesthesia fee at that time. Any questions please call 239-939-9939, immediately press 1 then immediately press 2 then you will press 1 if your last name is A-L or press 2 for accounts M-Z.

Depending on which surgery center your procedure will be performed, you will be notified by that surgery center's billing office. There is a facility fee for this procedure. This is a separate fee from the physician fee, the anesthesia fee and/or the pathology fee.

- Gulf Coast Endoscopy Center South- Billing Office 866-809-1220
- Bonita Community Health Center – Billing Office 239-949-6109
- Health Park Hospital-Lee Memorial Health System – Billing Office 239-242-6000

Laboratory – If biopsies are taken or polyps are removed during your procedure, you will receive a bill from the pathology company. Several labs are used depending upon your individual insurance coverage. Please call the number on your bill if you have any questions.

We appreciate the opportunity to provide your medical care. Our staff is always available to answer your questions. You may reach us at any time by calling 239-939-9939 Option #1.

Your procedure may be delayed or canceled if you do not bring with you all payments, the physician's payment, the facility payment, and the anesthesia payment. Payments need to be made by separate checks or by a credit card.

March 11, 2010

Main Office

7152 Coca Sabal Lane, Fort Myers, FL 33908
(239) 939-9939 FAX: (239) 931-5060

Bonita Springs

3501 Health Center Blvd., Suite 2410, Bonita Springs, FL 34135
(239) 947-2244 FAX: (239) 947-6358

**Acknowledgment of Receipt of
Notice of Privacy Policy**

I hereby acknowledge that I was offered to read or take with me a copy of the Privacy Policy issued by Digestive Health Physicians PL, on the date indicated below.

Signature

Date

If you are not the patient, please state relationship:

- | | |
|--|---|
| <input type="checkbox"/> Parent (s) | <input type="checkbox"/> Legal Guardian |
| <input type="checkbox"/> Son or Daughter | <input type="checkbox"/> Facility Caretaker |
| <input type="checkbox"/> Other _____ | |

I understand that Digestive Health Physicians PL will call my home to remind me of my office appointments and procedures by an automated phone system. All other tests results or concerns someone will personally call me. To respect my privacy see choices below:

Home Phone

- You may leave a message with the following person(s) if I am not available:
- You may leave DETAILED Information on my answering machine.
- You may leave your NAME and PHONE NUMBER ONLY and I will return your call.

Work Phone

- You may call my work place.
- You may leave DETAILED INFORMATION on my answering machine.
- You may leave NAME AND PHONE NUMBER ONLY on my answering machine and I will return your call.
- You may NOT call my work place.

Please list below spouses, family, friends, caretakers, etc... that WE may communicate with in regards to your personal medical and financial information. This will include but not limited to: test results, appointment dates and time, billing information. Only the names that are listed below will be able to receive your information. Do not include your physicians on this list.

Unless you notify us in writing stating otherwise the above person(s) will always be able to receive information about you.

Patient's Signature _____ Date _____

Name _____ MR# _____

DOB _____



CONSULTATIVE GASTROENTEROLOGY ♦ GASTROINTESTINAL ENDOSCOPY ♦ HEPATOLOGY

JAMES W. PENUEL, MD
PAUL L. YUDELMAN, MD

MARK S. O'KONSKI, MD
ANDREE A. DADRAT, MD

JUAN G. HERRERA, MD
RICHARD ORNATO, PAC

Authorization to Perform Non-Covered Services Screening Colonoscopy

Your insurance company does not cover all of your health care costs. Your insurance company may not pay benefits for you to have a Screening Colonoscopy. A Screening Colonoscopy is a colonoscopy procedure performed in a patient who has no symptoms to search for colon polyps or early colon cancer. Even though the test is felt to be desirable and medically indicated, it may not considered a covered benefit under the terms of your insurance coverage.

1. I have requested that my physician at Digestive Health Physicians perform my Screening Colonoscopy.
2. The Screening Colonoscopy may not be a covered benefit and may not be paid for by my insurance company.
3. I am aware that Digestive Health Physicians will not be billing my insurance company for the Screening Colonoscopy and I will be responsible to pay \$_____. This amount will cover the Physicians fee, Facility fee and Anesthesia fee.
4. I understand that if during my Screening Colonoscopy a polyp or other covered medical diagnosis is identified, at that time my insurance will be billed. The above fee agreement will become void and fees will be submitted for payment according to my insurance company's fee schedule with Digestive Health Physicians. Co-payments for which I am responsible will be deducted from the deposit I have paid and any deposit I have paid in excess of the co-payment will be refunded to me. If the co-payment exceeds my deposit, I agree to be responsible for the amount owed.
5. My signature below indicates that I agree to accept responsibility for payment of the fees for my Screening Colonoscopy.

SIGNATURE OF PATIENT

DATE

Name _____ DOB _____ Chart# _____

Main Office
7152 Coca Sabal Lane, Fort Myers, FL 33908
(239) 939-9939 FAX: (239) 985-0213

Bonita Springs
3501 Health Center Blvd., Suite 2410, Bonita Springs, FL 34135
(239) 947-2244 FAX: (239) 947-6358



DIGESTIVE HEALTH

PHYSICIANS, P A

CONSULTATIVE GASTROENTEROLOGY ♦ GASTROINTESTINAL ENDOSCOPY ♦ HEPATOLOGY

JAMES W. PENUEL, Jr., MD	MARK S. O'KONSKI, MD	JUAN G. HERRERA, MD
PAUL L. YUDELMAN, MD	ANDREE A. DADRAT, MD	RICHARD ORNATO, PAC

Dear _____

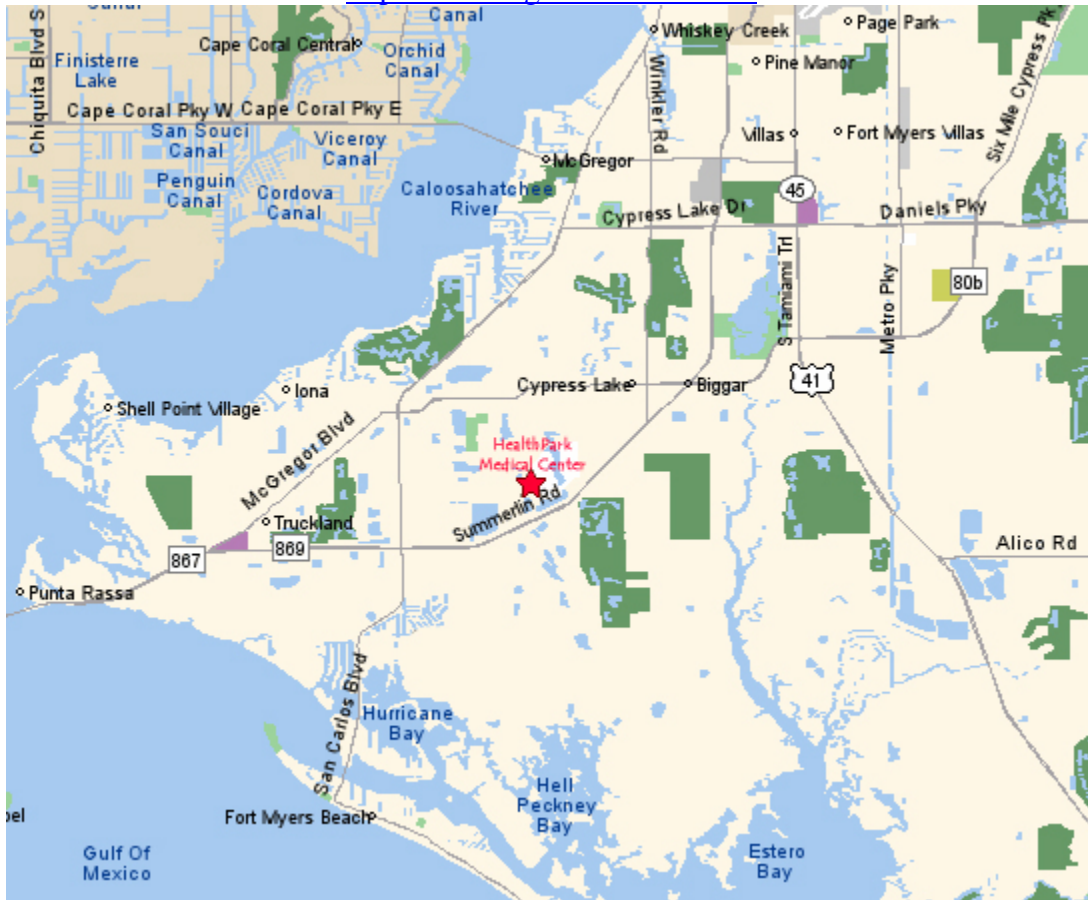
Thank-you for choosing our practice to assist in your healthcare needs. We appreciate the confidence you and your personal physician have placed in us. Your procedure has been scheduled for you on _____ at _____ hospital.

HealthPark Medical Center
9981 S. HealthPark Drive
Fort Myers, FL 33908

Please fill out the enclosed registration and health history forms before your procedure. It is critical that you tell us about your medial and surgical conditions, all the medication you are presently taking (prescription, over-the-counter, herbal, dietary supplements, etc.) and allergies if any. Please remember to bring your insurance cards, as we will need copies.

If you would like to lean more about our practice, please visit our website:

<http://www.digestivehealth.com>



Main Office

7152 Coca Sabal Lane, Fort Myers, FL 33908
(239) 939-9939 FAX: (239) 985-0213

Bonita Springs

3501 Health Center Blvd., Suite 2410, Bonita Springs, FL 34135
(239) 947-2244 FAX: (239) 947-6358

Digestive Health Physicians Financial Policy

Welcome, we are so pleased you have selected our facility for your healthcare needs.

Below, we have answered a variety of commonly-asked financial policy questions. If you need further information about any of these policies, please ask us, we will be happy to assist you.

What Is My Financial Responsibility for Services?

Your financial responsibility depends on a variety of factors, explained below.

If You Have...	You Are Responsible For...	Our Staff Will...
Commercial Insurance Also known as indemnity, "regular" insurance, or "80%/20% coverage."	Payment of the patient responsibility for all office visits, injections, and other charges is expected from you at the time of the office visit.	Call your insurance company ahead of time to determine deductibles and coinsurance. File an insurance claim on your behalf.
HMO & PPO plans with which we have a contract	<u>If the services you receive are covered by the plan:</u> All applicable co-pays and deductibles are expected at the time of the office visit. <u>If the services you receive are not covered by the plan:</u> Payment in full is requested at the time of the visit.	Call your insurance company ahead of time to determine co-pays, deductibles, and non-covered services for you. File an insurance claim on your behalf.
HMO with which we are <u>not</u> contracted.	Payment in full for office visits, injections, and other charges at the time of office visit.	File an insurance claim as a courtesy to you.
Point of Service Plan or Out Of Network PPO	Payment of the patient responsibility—deductible, co-pay, non-covered services—at the time of the visit.	Call your insurance company ahead of time to determine out of network benefits, co-pays, deductibles, and non-covered services. File an insurance claim as a courtesy to you.
Medicare	If you have <u>Regular Medicare</u> , and have not met your \$135 deductible, we ask that it be paid at the time of service. Any services not covered by Medicare are requested at the time of the visit. <u>If you have Regular Medicare as primary, and also have secondary insurance or Medigap:</u> No payment is necessary at the time of the visit. <u>If you have Regular Medicare as primary, but no secondary insurance:</u> Payment of your 20% co-pay is requested at the time of the visit.	File the claim on your behalf, as well as any claims to your secondary insurance.

Medicare HMO	All applicable co-pays and deductibles at the time of the office visit.	File the claim on your behalf, as well as any claims to your secondary insurance.
No Insurance	Payment in full at the time of the visit.	Work with you to settle your account. Please ask to speak with our staff if you need assistance.

- I understand that it is my responsibility to provide the office of Digestive Health Physicians with current, accurate billing information at the time of check in and to notify Digestive Health Physicians of any changes in this information.
- I understand that it is my responsibility to know my specialist co-pay (which can be different than my Primary Care co-payment) and to pay it at the time of service. I understand that this is a contractual agreement that I have with my health plan and that Digestive Health Physicians also has a contractual agreement with my health plan to collect co-pays at the time of service, and they are required to report to the carrier any enrollees failing to pay the co-pay.
- I understand that if I present an insufficient funds check (NSF check) for payment on my account that I will be charged a \$25 NSF fee. I further understand that to rectify my account, I will be required to pay with cash, a money order, cashier's check, or credit card.
- If I do not show up for a scheduled appointment and did not cancel within 24 business hours I will be charged \$20.00 for each appointment I miss.
- I understand that there is a \$20 fee to complete disability paperwork associated with my care. I will be provided a standard form free of charge; however if additional disability forms (such as FMLA) require completion, I understand that the \$20 fee (payable prior to completion) is required.
- I understand that Digestive Health Physicians will verify my insurance eligibility, deductible amounts, and coinsurance amounts prior to any outpatient procedures that I may have. I further understand that it is the policy to collect the deductible and/or coinsurance prior to my procedure with Digestive Health Physicians. I further understand that THE FEE I AM QUOTED IS AN ESTIMATE based on 1) anticipated procedure to be performed and 2) current information provided to Digestive Health Physicians by my insurance carrier.
- I understand that I will be billed for any amounts due by me (co-payments/coinsurance amounts/ deductibles) and that I have a financial responsibility to pay these amounts. I understand that I will be provided with two (2) statements for any balance due after insurance payment. I further understand that if I have not made payment prior to the second statement being mailed, that the second statement will be marked as "Final Notice" and may be sent to an outside collection service if I do not fulfill my financial obligations. I also understand that I will be responsible for any collection, interest or legal expenses associated with the collection efforts.
- I understand that the Digestive Health Physicians will obtain the necessary prior authorizations prior to rendering treatment. I further understand that prior authorization is not a guarantee of payment, and that I am responsible for any bills not paid by my insurance carrier.
- I understand that Digestive Health Physicians may also take a verbal request to use my credit card for payment on my account.

I have read, understand, and agree to the above Financial Policy. I understand that charges not covered by my insurance company, as well as applicable co-payments and deductibles, are my responsibility.

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

I authorize Digestive Health Physicians to release pertinent medical information to my insurance company when requested, or to facilitate payment of a claim.

Date

Signature

Printed Name

Digestive Health Physicians Patient Registration

Patient's Name: _____ SS #: _____

First Name MI Last Name

Date of Birth: _____ _Male _Female _Single _Married _Widowed _Divorced _Separated

Local Address : _____

City/State/Zip Code: _____ Home Phone w/Area Code: _____

Cell Phone w/Area Code: _____ Fax w/Area Code: _____

Spouse's Name: _____ SS #: _____

Spouse's Employer: _____ Spouse's Work Phone #: _____

Patient's Employer: _____ Work Phone w/Area Code: _____

Responsible Party: _____ Relationship: _Self _Spouse _Parent _Other: _____

In case of emergency, contact (not living with you): _____

Phone Number w/Area Code: _____ Relationship to Patient: _____

Referring Physician's Name & Phone Number: _____

You must bring with you on the day of your visit a photo ID with your current address listed on the ID and a copy of your primary and secondary insurance cards.

If you do not have a photo ID with your current address you must bring with you a copy of any utility bill and another form of identification. We will accept a social security card, a passport, any school ID, a voter's registration card, or any membership card for example: Sam's, Costo, ect.

For your protection and privacy we must verify your identity we can only do this by you providing us with the requested information. Thank you for your understanding.

Are you a full time resident? _____ No _____ Yes

Northern Address: _____

City/State/Zip Code: _____ Home Phone w/Area Code: _____

Insurance Company # 1: _____ Phone Number: _____

Primary Insured's Name: _____ Date of Birth: _____

Policy #: _____ Group #: _____ Relationship: _____

Insurance Company # 2: _____ Phone Number: _____

Primary Insured's Name: _____ Date of Birth: _____

Policy #: _____ Group #: _____ Relationship: _____

Patient's OR Insured's Signature (If patient is a Minor, must have Responsible Party Signature)

Date

MR Number

ATTENTION PATIENTS VERY IMPORTANT

Digestive Health Physicians Screening Colonoscopy Billing Policy

We will bill your insurance carrier as a screening colonoscopy if:

- You have NEVER had a colonoscopy in the past.
- Your physician did not diagnosis you with a symptom or diagnosis at the time of the evaluation, appointment or telephone history.
- Your referring physician is ordering a colonoscopy in the absence of a medical diagnosis.

At this point our insurance department will verify your screening benefits and give you the BEST GUESS estimate of your costs.

Once the above criteria are met, your claim will be billed with the diagnosis of “screening”. If during your procedure any medical conditions are documented by your physician, the “screening” diagnosis will still take the “**primary**” position on the claim BUT your medical condition will be appended to your claim in the “secondary” position.

We are required by federal compliance laws to bill the documented diagnosis as well as any findings on a confirmed biopsy.

Some insurance plans will pay for a screening colonoscopy with a “secondary” medical diagnosis confirmation. HOWEVER some will NOT. We can not change your medical record or diagnosis to suit a benefit situation as this is against the law.

If your insurance company does not pay according to your colonoscopy screening benefits due to a “secondary” medical condition diagnosed, you will be responsible for any out of pocket expenses your benefits may be subject to. For example; any deductibles and co-insurance amounts.

We want to provide you with the best medical care possible and our goal is to screen everyone for Colon Cancer to stop the spread of this disease.

We appreciate your understanding of our screening colonoscopy billing policy and have included it in your packet so that you will not be surprised with an unexpected expense. Please feel free to contact your insurance carrier with the question below:

Call and ask your insurance carrier: If during my screening colonoscopy my doctor diagnosis a medical condition, will you consider payment under my screening benefits or medically necessary benefits? And if you pay as medically necessary, what will my cost be?

Attention Patients with MEDICARE Coverage:

Currently, Medicare covers only certain preventive services. Beneficiaries have to pay 20 percent of the amount that Medicare allows for these services. **Beginning January 1, 2011, that will change. Routine screening colonoscopies and other colorectal cancer screenings will be done at no charge to beneficiaries. However if your screening turns diagnostic (the MDs finds a diagnosis) your co-insurance only not the and deductible if not met, will be applied to your claim.**