Digestive Health Physicians
Financial Policy

Welcome, we are so pleased that 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.
Your financial responsibility depends on a variety of factors, explained below.

What Is My Financial Responsibility for Services?

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 are 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 and are participating physicians	If the services you receive are covered by the plan: All applicable co-pays and deductibles are expected at the time of the office visit. If the services you receive are not covered by the plan: 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 not 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 Medicare Part B as primary and also have a supplement, no payment is necessary at the time of the visit. If you have Medicare Part B and no supplement, you will be asked to pay your 20% co-insurance. Non-covered services will be paid in full at the time of service as well as the Medicare Part B deductible if it has not been met.	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.
No Insurance	Payment in full at the time of the visit.	Self-pay rates available

- 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, I understand 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.

- I understand that there is a $20 fee to complete disability paperwork, family leave, life insurance claim forms, insurance claims forms to recover payment and assistance in addition to the claims associated with my care. I understand that the $20 fee (payable before completion) is required.

- I understand that Digestive Health Physicians will verify my insurance eligibility, deductible amounts, and coinsurance amounts before any outpatient procedures that I may have. I further understand that it is the policy to collect the deductible and/or coinsurance before 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 before 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 before 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 understand and acknowledge that I am personally responsible for paying Digestive Health Physicians in full for services that my health insurer will not cover due to non-payment of my health insurance premiums.

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 to 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.

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Date	**Signature**	**Printed Name**