



## **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 here 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 the 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 no-covered charges at the time of service or when otherwise advised as per my insurance contract. There is an additional \$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 requirement 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 **\$50.00** 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 **\$75.00** 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 completed 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. Nonpayment of accounts after three months will result in referral to an outside collection agency that could have an impact on your credit record.