



Thank you for choosing GI Alliance as your healthcare provider. We are committed to providing you with the best possible medical care for the successful treatment of your condition. We request you read and sign below. Please contact our Billing Department if you have any questions at 1-833-415-5585.

Our office participates in a variety of insurance plans. It is your responsibility to;

- Bring your insurance card to every visit
- Be prepared to pay your copay at each visit. Payment may be made by check or credit card
- Medical care not covered under your insurance, payment in full is due at the time of service unless prior arrangements have been made with the billing department.

#### **Self Pay**

We expect payment at the time of service unless prior arrangements have been made with our Billing Department. If you are unable to pay for necessary medical care, it is your responsibility to inform us prior to the visit.

#### **Medicare**

We accept Medicare assignment. As a Medicare patient you are responsible only for the difference between the approved charge and the amount Medicare pays, and your deductible. If you have supplemental insurance, we will be happy to bill it directly for you.

#### **Insurance**

As a courtesy to our patients we will file your claims to your insurance company. Please keep in mind that your insurance policy is a contract between you and your insurance company. Our practice is not a part of that contract. We cannot bill your insurance company unless you provide us with all required insurance information including a copy of your card. It is your responsibility to determine what benefits are covered by your insurance plan.

#### **Cancellation/ No Show Policy**

Cancellation of an appointment is required 24-hours in advance of the scheduled appointment. Office appointments which are missed without notification may be subject to a \$50.00 fee. Procedure cancellations require 3 business day advance notice. Without notification they may be subject to fees of up to \$350.00 dependent on location of scheduled procedure. In addition, patients who no-show repeatedly will be required to make a deposit to secure the appointment or could possibly be dismissed from the practice. The applicable no show or late cancellation fees are due to the time of the missed appointment. Special unavoidable circumstances may impact on fee being waived but only with management approval.

#### **Credit Cards on File-**

At appointment scheduling or check-in, we kindly request our patients provide a credit card that will be kept securely on file. By providing your credit card you are authorizing GIA to charge the card for any balances due. This is a convenient method of payment for services in which you are responsible.

#### **Surgical Procedures**

If you are scheduled for a surgical procedure by our office at a local hospital or an ambulatory surgical center, please be aware there are separate service components for which you may be billed separately:

1. **Physician's Professional Charge.** Your physician will bill this charge separately to you. This billing is for the physician's professional services that are provided during your procedure.
2. **Facility Charge.** This billing is for the use of the Hospital or Ambulatory Surgery Center in which your procedure is being performed.
3. **Laboratory and Pathology Charge.** If you have blood drawn and or/a biopsy taken you will receive a bill from the laboratory and pathologist that processes your blood work or biopsy.
4. **Anesthesia Professional Charge.** If your procedure utilizes the services of the anesthesia provider, this professional charge will be billed separately to you. This billing is for the anesthesia provider's professional services that are provided during your procedure.

#### **Medical Record Copying**

The cost associated with copying medical records is made payable in advance. The final cost will be dependent on the number of pages copied. Our medical records department will provide you with the fee information and time frame for processing your request. Copies of records for the purpose of referral or continuation of patient's medical care does not have an associated cost.

**Non-Sufficient Funds (NSF)**

Returned checks will incur a \$25.00 service fee for the first check. Second NSF will result in a \$50.00 service fee and patient will be on a cash or credit card payment method only status.

**Collection**

In the event of non-payment of the providers bill, the provider shall be entitled to place the outstanding balance with a Collection Agency to satisfy the past due balance.

Please sign that you have read, understand, and agree to this Financial Policy

\_\_\_\_\_  
Patient Name (please print)

\_\_\_\_\_  
Signature of Patient or Patient Representative

Date \_\_\_\_\_