



PATIENT FINANCIAL RESPONSIBILITY

Health insurance coverage is a contract between you and your insurance company.

Patients should be aware of their benefit coverage PRIOR to receiving care.

If you are not familiar with your plan coverage, please contact your insurance company directly.

- Know your deductibles, co-pay and co-insurance amounts. Copay amounts are due at the time of service – this is a plan requirement you agreed to when enrolling in the plan.
- Referral and Authorization requirements.
- Covered and Non-Covered benefits – these include but are not limited to: Laboratory and Radiology services, Colonoscopy, Upper Endoscopy (EGD), Capsule Endoscopy, Hemorrhoid treatment, Fiberoptic Sigmoidoscopy, Office Visits.....

We will submit a claim to your insurance company on your behalf; however, if unpaid, the patient or responsible party is ultimately responsible for the charges. Your account may be turned over to a Collection Agency if any unpaid balances are not paid within 10 days of patient receiving delinquency letter.

PATIENT FINANCIAL ACKNOWLEDGEMENT:

I have read, understand and agree to the policy as stated above. I understand that regardless of my insurance claim status or absence of insurance coverage, I am responsible for the balance on my account for the care and services rendered.

Patient Name (please print)

(Signature)

(Date)