

DIGESTIVE & LIVER SPECIALISTS

FINANCIAL POLICY

The Doctors & Staff at Digestive & Liver Specialists (DALs) are committed to providing you with quality care. As a patient at DALs, you are financially responsible for all medical services. Your clear understanding of our financial policy is important to our professional relationship. Our business office will be pleased to discuss our professional fees with you at any time.

Patient/Insurance/Verification Information

As a patient you are responsible for providing accurate and complete insurance information. At the time of scheduling your appointment, you will be asked to provide your insurance information. Our office will contact your health insurance carrier to verify your coverage and payment responsibilities; this is not a guarantee of payment. If we are providers with your insurance carrier, as a courtesy to you, we will file a claim with your insurance carrier.

Your health insurance is a contract between you and your insurance company. We are not a party to your contract. Therefore, DALs can not become involved in disputes between you and your insurance company regarding deductibles, non-covered charges, co-insurance, secondary insurance, coordination of benefits, pre-existing conditions, or “reasonable and customary” charges other than to supply the factual information as necessary. You are responsible for timely payment of your account.

At check-in you will be asked to provide your insurance identification card, social security number, and state proof of identification. This is for your protection as well as to ensure that no changes in coverage have occurred.

Referrals

If you have a plan that requires a referral from your primary care physician it is your responsibility to obtain this information prior to your appointment. If we have not received an authorization / referral prior to your arrival at our office, we have a telephone available to you to call your primary care physician to obtain a referral. If you are unable to obtain a referral, your appointment will be rescheduled or you will be expected to pay for charges in full at the time of service.

Co-payments / Deductibles / Coinsurance

All co-payments, applicable deductibles and coinsurance amounts will be collected upon patient check-in. In compliance with our contract with your insurance carrier, DALs cannot discount / waive any co-payment, deductible and / or coinsurance amounts.

Scheduled Procedures

If you have been scheduled to have a procedure, a representative from our Business Office will contact you regarding the prepayment of any unmet deductible. This amount will be collected prior to your procedure date.

Self-Pay Patients / Non-Contracted Plans / Non-Covered Services / Third Party Claims

Payment in full will be collected at the time of your office visit. If you are unable to meet this obligation, please contact our business office prior to your appointment to arrange special billing arrangements.

Medicare Patients

If you have regular Medicare Part B and a secondary carrier (Medi-Gap plan) we will not collect any payment at the time of your visit. Our office will bill you for any portion of your bill not paid by Medicare and your secondary carrier.

If you have regular Medicare Part B only and have not met your deductible, we will collect this amount along with your 20% coinsurance at the time of your visit.

If you have regular Medicare Part B only and have met your deductible, we will only collect your 20% coinsurance at the time of your visit.

Out of Network Patients

Any applicable deductible, co-payment, coinsurance, and non-covered services will be collected at the time of your office visit. Please contact your insurance carrier for guidelines pertaining to your coverage. If you are unable to meet this obligation, please contact our business office prior to your appointment to arrange special billing arrangements.

Medical / Billing Record Requests

All records requests must be submitted in writing and must include a signed release from the patient. The fee for each of these requests is \$38.00 which is required prior to any records being released. All records requests will be processed within 30 days from the receipt of both the request and payment.

Patient Balances

Any patient balance due after your insurance company has processed your medical charges will be billed; this balance is due upon receipt. If the balance is not paid or payment plan agreement established, your account will be forwarded to an outside collection agency within 90 days of the first billing statement.

Upon arrival for an appointment, any outstanding balance due will be collected at check-in.

Methods of Payment

Our office accepts cash, check (with proper identification), VISA, MasterCard, American Express and discover.

- I have received a copy of the digestive & Liver Specialists Financial Policy, which I have read and understand.
- I understand that I am personally responsible for payment on this account.
- In the event my insurance company deems a service to be “non-covered”, I understand that I am personally responsible for payment.

Patient's Signature: _____ Date: _____

Print Name: _____