



Gastroenterology Consultants, PC

Office & Payment Policy for Gastroenterology Consultants, P.C. patients:

Dear Patient,

Your insurance company may pay all, a portion, or none of your bill for services performed by our providers. Because of this you are asked to assume responsibility for any uncovered balance on your account. Payment guidelines for office charges are as follows:

All Patients

- Insurance Card: We will ask for your insurance card at check in and scan it into our system.
- Photo ID: We may ask to see and scan a government issued photo ID upon check in to verify your identity.
- Any audio or video recordings are strictly prohibited unless approved by the provider prior to the visit.

Insured Patients

- As a courtesy to our patients, we bill all insurance plans a maximum of two times.
- Your copay or deductible is due at the time of service.
- If you are unable to pay your deductible "in full" at the time of service, you will be required to meet with a member of our Billing Department to set up an appropriate payment plan.
- Payment plans will not be accepted for copays; they are due and payable at the time of service per your contract with your insurance company.
- Payment in full is due at the time of service for patients who do not provide a copy of their insurance card.
- IMPORTANT: Our office will code your visit/procedure based on the information given by you to the provider at your visit; on the information entered by you on your history form and on what is found (if anything) during your procedure. We cannot change codes to ensure payment by your insurance company. This is considered fraud.

Uninsured Patients

- New patient and consultation fees are \$80 - \$500 for office visits. A deposit of \$350 for New patients and \$175 for Established patients will be collected upon check in towards your fee for that day. (There is no charge for Group Education Classes)
- If the provider determines you need a diagnostic procedure (colonoscopy, endoscopy, etc.) you will be required to meet with a member of our Billing Department prior to scheduling. Full payment of the estimated cost of the procedure is required before the procedure is scheduled.

Checks Returned for Insufficient Funds

- There will be a \$25 fee for checks returned to us from the bank for non-payment or insufficient funds.

Appointment Cancels or No Shows

- **Please remember that it is your responsibility to keep your appointment time.**
- **As a courtesy, a member of our staff will call 2 days prior to office appointments to confirm the time and date. However, if you do not show up for your scheduled appointment because you did not receive the courtesy confirmation call, it will be treated as a No Show and a charge may be applied to your account.**
- If you are unable to keep your office appointment with us, please call at least 2 business days prior to your appointment date. This courtesy enables us to offer your original time to another patient that needs to be seen.
- If you are unable to keep your procedure appointment with us, please call us at least 5 business days prior to your appointment date.

For No Shows or Short Cancellation Notice, penalties are as follows:

- **\$50 for no-show or short cancellation for all office visit appointments**
- **\$100 for no-show or short cancellation for all procedure appointments**

Dismissal Policy

- Gastroenterology Consultants, P.C. expects and requires cooperation from our patients. This cooperation is needed for adequate and safe health care. If a patient does not cooperate with the provider and/or staff of GCPC, another health care practice may better serve the patient.

A patient may be dismissed from GCPC if:

- The general behavior in the clinic is disruptive. This includes abusive verbal language or threats towards the providers or office staff.
- The patient forges prescriptions or obtains prescriptions under false pretenses.
- Severe patient non-compliance that jeopardizes his/her health significantly, despite recurrent attempts to correct the problem by the provider and/or office staff.

- **GCPC policy states that after 2 no-show / late cancellations, patient may be dismissed from the practice.**

- **Generally, a patient will be notified before being dismissed. However, in the case of physical abuse, violation of a provider-patient medication contract, or forgery, the dismissal may occur without warning.**

Billing Policy

- Account balances are to be paid in full within 30 days of receiving your statement.
- If your account falls into delinquent status, or you default on a prearranged payment plan, your account may be sent to collections. Any extra fees associated with this process will be added to the balance and turned in for collection.
- Any billing disputes must be submitted in writing within 30 days of receipt of statement.

Other Healthcare Providers and Services:

- Certain services we provide will generate bills from other healthcare providers, such as radiology, facilities, pathology, and/or reference laboratories. These bills are separate from our office and are your responsibility.

Hospital and Surgical Benefits Authorization

I hereby assign all hospital, medical and/or surgical benefits to include major medical benefits to which I am entitled, including private insurance, primary or secondary, and any other health plan to Gastroenterology Consultants, P.C. for services provided by Gastroenterology Consultants, P.C.

I request that payment under the medical insurance program be made either to me or the provider named above on any bills for services furnished to me during the effective period of this authorization, and I authorize the above-named provider to release to the Social Security Administration or its intermediaries or carriers any information needed for this claim or any related Medicare claim. I further permit a copy of this authorization to be used in place of the original.

Patient Copy Only

**YOUR ELECTRONIC SIGNATURE WILL BE OBTAINED IN OUR OFFICE
acknowledging: Payment policy, HIPAA, & Medication Consent.**

Acknowledgment and Consent 08/2018
Oregon Medical Association
Form A