



## Austin Gastroenterology, P.A. - Financial Policy

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Name: \_\_\_\_\_ Account Number: \_\_\_\_\_

Age: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Austin Gastroenterology (AG) has a responsibility to provide quality healthcare services to patients. In the interest of maintaining a good doctor-patient relationship and continuing the delivery of quality healthcare, it is our hope that you will take responsibility for your financial obligation to our practice. Following are general policies we have established for our patients, which we believe allow the flexibility that some patients need. We encourage you to discuss your account, and any payment arrangements that you desire, with our office personnel. Discussion of these issues early on in your treatment process will prevent most concerns or misunderstandings.

1. **Insurance** – As a courtesy to our patients, we will file claims on all visits and procedures, whether they are delivered in our office or the hospital. When we file a claim on your behalf, it is with the understanding that benefits will be assigned to AG (that is, the insurance company will pay AG directly). You are responsible for payment of all deductibles, co-insurance and non-covered services. Please remember insurance coverage is a contract between the patient and the insurance company. The ultimate responsibility for understanding your insurance benefits and for payment to your doctor rests with you.
2. **Referrals** – You are required to 1) know whether or not your insurance requires a referral; and 2) obtain that referral before you are scheduled to see our physicians. Our office will be happy to assist you in determining the status of any one of our doctors on your insurance plan; however, this is not a guarantee of coverage. You should take the time to call your insurance company to ask specifically about the doctor you wish to see and your covered benefits. Referrals typically have an expiration date and a limited number of visits so you should be careful to monitor the dates and visits. Our office will not see a patient who does not have a valid referral.
3. **No Insurance** – Patients who do not have insurance are expected to pay for all services rendered. We will request a payment for outpatient procedures in advance of having the procedure performed. We understand that individual situations may make it difficult to meet these financial expectations and are happy to discuss other payment arrangements as needed.
4. **Returned Checks** – Your account will be charged a \$30 fee for each returned check. In addition, you will be asked to bring cash to our office to cover the returned check and the fee.
5. **No Show/ Late Cancellations** – In order to provide the best possible service and availability to all patients, we require the following fees for all late cancellations or no shows:
  - **Office Visit** – We require a 24 hour cancellation notice for all office visit appointments. If the required notice is not given, a \$25 charge will be assessed to the patient account. The missed appointment charge must be paid prior to or upon the next office visit.
  - **Procedure** – We require a 48 hour cancellation notice for all procedure appointments. If the required notice is not given, a \$50 charge will be assessed to the patient account. The missed procedure charge must be paid prior to or upon the next scheduled procedure.
6. **Past Due Accounts** – Patients who have not made an effort to make payment arrangements or have not expressed an interest in meeting their financial obligation to us may be turned over to a collection agency. Patients who have allowed their account to be turned over to an agency will be expected to satisfy their financial obligation to us, and to pay for any future services in advance, before being seen by our physicians.
7. **Out of Network Services** – Austin Gastroenterology, P.A. does not make any guarantees that any laboratory, anesthesiology or other professional services are in-network providers for your contracted insurance plan. You are responsible for any professional charges in conjunction with the services you receive at the facility whether these services are considered in or out of network with your insurance plan.
8. **Non-Covered Services** – You have scheduled a procedure or service with one of our physicians or physician assistants that the physician believes to be relevant to evaluate, monitor and protect your health. However, Medicare and certain other insurance companies will only pay for procedures and services that **they** determine to be “reasonable and necessary”. If your insurance company determines that a particular procedure or service is not “reasonable and necessary” under their standards, then they may deny payment for that procedure or service. Your physician has based his recommendation for the procedure or service upon several factors, including your personal medical history and generally accepted medical practices. Denial of payment by your insurance company does not mean that you do not need to have the procedure or service.

We are required to inform you that your insurance may not cover the procedure or service to be performed and that in the event the procedure or service is not covered, you will be responsible for payment.

### Patient Statement:

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I have been informed of Austin Gastroenterology’s financial policy and agree to its terms. I have been notified that Medicare and other insurance companies may deny payment for any service or procedure according to payer policy. If Medicare or my insurance company denies payment, I agree to be personally and fully responsible for payment.

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

\_\_\_\_\_  
Date

032-1018