

# South Coast Gastroenterology LLC

## PATIENT FINANCIAL POLICY STATEMENT

The physicians and staff of **South Coast Gastroenterology LLC** are here to serve your needs as our patient. It is our goal to create an experience for our patients that hopefully will limit the amount of stress patients may encounter. Our PATIENT FINANCIAL POLICY is intended to describe our expectations regarding the payment for services we provide. Unless otherwise noted, payment is due at the time of service.

Our staff is prepared to provide patients with any assistance or resources possible in making payment arrangements for services. We can help patients contact the appropriate entities to obtain the documents needed to insure proper payment such as referrals and pre-authorizations for procedures. We ask that patients recognize their responsibility to understand what services their insurance covers as well as what documents are required to assure that payment is made.

The FINANCIAL POLICY details the expectations of our medical group as they relate to patients making payment for provided services. Patients should acknowledge the following policy requirements:

1. The patient, or their designated guarantor, is responsible for payment of services.
2. All office charges, co-payments, and applicable deductible amounts are due at the time of service unless otherwise specified.
3. The provision of an insurance card for payment of services will be accepted and filed on behalf of the patient; however, the patient is still responsible for payment if their insurance coverage fails to adequately provide payment in a timely or appropriate manner.
4. It is the obligation of the patient to obtain and provide any referral notifications required by the patient's insurance carrier. Without the appropriate referral the patient's appointment may be rescheduled.
5. Arrangements for co-insurance amounts of procedure deposits must be made prior to the scheduled procedure date in order to prevent possible delays in providing the service.
6. Patient account balances are due within 30 days of the receipt of the billing statement unless otherwise specified.
7. Patients may contact our patient accounts representatives to make payment arrangements.
8. After 90 days, if no arrangements have been made for payment, or if no payments have been received, then collection proceedings will begin.
9. Delinquent accounts may be assigned to a collection agency. All collection costs will be added to your outstanding balance and will become an additional cost to you. We will not be held responsible for any collection agency fees.
10. From time to time, various forms including but not limited to disability and FMLA forms need to be filled out. There is a \$20.00 fee to complete each form. There is a \$15.00 fee to copy medical records.
11. We accept Cash, Checks, MasterCard, Visa and Debit Cards.
12. Checks returned for non-sufficient funds will be charged a \$30.00 service fee.

We ask that each patient/guarantor sign this document as part of his or her registration at **South Coast Gastroenterology LLC** in accordance with the following statement:

“I \_\_\_\_\_, (patient/guarantor), acknowledge that I have received and read this financial policy statement.”

\_\_\_\_\_  
(Patient/Guarantor Signature)

\_\_\_\_\_  
(Date)