

Iberia Gastroenterology Associates, Inc.

OUR FINANCIAL POLICY

Our doctor and staff are very concerned about the cost of your health care and want to address some current issues related to the cost of medical services in this office. It is a statement of our financial policy.

Considerable care has been taken in setting our fees. We want to assure you that our charges accurately reflect the complexity of care rendered and the skill and expertise required for your care. Our fees are comparable with fees of other specialists in this region.

Our policy requires payment at the time of service for office visits.

HMO AND PPO MEMBERS: If you are a member of an HMO or PPO in which we participate, your deductible or copayment is required at the time of service. You are also responsible to see that we have a current referral on hand if your insurance carrier requires one. If we do not have this referral at the time of your visit, your insurance company may hold you responsible for all charges. You may also be sent back to see your Primary Care Physician prior to being treated to obtain a current referral.

If an insurance company indicated a physician's fees are above the "usual and customary", please understand that most physicians' fees are above the rate which insurance companies choose to pay. The insurance company's rate is most often lower than the current fees normally charged by any physician. We use many sources to determine the appropriateness of our fees. We cannot and do not allow the payment, or allowance, or insurance companies to set the amount that we charge for service.

Our agreement is with YOU and NOT your insurance company. You have chosen your insurance coverage. Although we will assist you in submitting your claim to your insurance carrier, you are ultimately responsible for payment for the services you receive. Payment to our office is not contingent nor dependent upon your insurance carrier.

Medicare patients: If you have a supplemental policy, we will file as a convenience for you.

A collection agency may take over delinquent accounts. If your account is placed with a collection agency, you will be responsible for payment of all costs of collection, including court costs and attorney's fees in an amount equal to 25 % of the balance of your account. Timely payment will prevent consequences to your credit rating.

Returned checks will receive a \$15 overdraft charge.

If you have any questions about our financial policy or your insurance reimbursement, please feel free to discuss them with any accounting staff member.

My signature on this form is evidence of the fact that I have read the entire form, understand same, and have obtained a satisfactory answer to any question which I may have about my financial responsibilities under this policy.

Patient/Responsible Party Signature

Date