

# **Notice of Financial Responsibility**

Please read this Financial Statement prior to your office visit or procedure.



**Self Pay patients** are expected to pay in full at time of service. A discount is honored when your visit is paid in full on the date of service. Your visit cost may vary depending on treatment received.

**Insured patients** are expected to pay all copays, coinsurances, and deductibles at time of service. These amounts are determined by your insurance plan, and GA is contractually obligated to collect these balances. Once services are rendered, you can expect an Explanation of Benefits from your insurance company that will explain how services were paid. Depending on your coverage, you may receive the following bills once insurance has processed:

## **Office Visits:**

- **Physician Fee:** Fee paid to the physician for performing services. Statement sent from Gastroenterology Associates.
- **Lab Fee:** If a lab test is ordered, a separate bill will come from LabCorp.

## **Procedures:**

**Please call your insurance company to verify coverage for preventative, routine or screening service.**

We may contact you with an estimate of your financial responsibility based on our insurance verification.

- **Physician Fee:** Fee paid to physician for performing services. This statement will be from Gastroenterology Associates.
- **Facility Fee:** The facility in which you have the procedure performed will send you a separate bill.

**Facilities used by our providers:** (We suggest contacting your insurance company to ensure your scheduled facility is in network.)

Greenville/Clemson Endoscopy Center (billing services provided by Gastroenterology Associates)  
Endoscopy Center of the Upstate  
Bon Secours Hospital System  
Prisma Hospital System

- **Anesthesia Fee:** Anesthesia is billed separately from the facility fee by the facility.
- **Pathology:** You can expect a separate bill from the laboratory or pathologist if you had a biopsy removed.

Some insurance companies require precertification. Gastroenterology will make an effort to verify your benefits and obtain necessary prior authorizations; however, this is not a guarantee of payment. We will submit all insurance claims on your behalf as long as all necessary information were provided. If information is deemed inactive for your dates of service, you are responsible for the balances.

**No-Show Procedures:** A fee of \$250 for endoscopy procedures may be charged for all missed appointments not canceled at least 72 hours prior to the appointment time.

**Prescription Refills:** A \$15 charge may be added for non-appointment and non-portal refill requests.

**Completion of Medical Forms:** There is a \$20 charge for completion of forms such as FMLA and disability.

**Method of Payment:** We accept cash, checks and major credit cards. There is a \$30 returned check fee for any returned checks. All payments are applied to oldest balances first. Should your account have a credit on file, Gastroenterology will apply the credit to all balances before issuing a refund.

**Collection Policy:** If payment is not made after two statements, balances will be sent to a third party collection agency.

If you have any questions regarding upcoming visits or past due balances, call (864) 451-5095

Questions can also be submitted on our Patient Portal. Select **Billing Question** once logged into your portal account.

Thank you in advance for your cooperation and allowing us to participate in your care.