# Patient Financial Responsibility Statement

We ask that you please read and understand your financial responsibilities prior to receiving services.

GASTROENTEROLOGY ASSOCIATES

## Financial Information

1. I understand that I am financially responsible for all charges not paid by insurance. I authorize the release of information to my insurance company for insurance/medical purposes. I hereby authorize payment from my insurance company to Gastroenterology Associates, PA.
2. I understand that I am solely responsible for obtaining any necessary referrals and/or authorizations prior to my appointment.
3. I understand that if I do not have valid medical insurance, I am financially responsible for all fees at the time services are rendered.
4. I understand that I am expected to pay all copays, coinsurance, and deductibles at time of service.
5. I understand that I will be charged $30 for any check returned by my bank for any reason.
6. I understand it is my responsibility to inform Gastroenterology Associates if my insurance has changed.

## No-Show & Late Cancellation Policy

It is the policy of the practice to monitor and manage appointment no-shows and late cancellations. Gastroenterology Associate's goal is to provide excellent and timely care to each patient. If it is necessary to cancel an appointment, patients are required to call or leave a message within the time frame stated below. Notifying our practice in a timely manner allows our providers to better utilize appointments for other patients in need of prompt medical care.

**Procedures:** Due to the amount of resources allocated for endoscopic procedures, we require at least 5 full business days' notice for cancellation or rescheduling of appointments. Patients will be assessed a fee of $250 for each documented no show or late cancellation for a procedure.

**Office Appointments:** To cancel or reschedule an office visit, please do so at least 24 hours prior to the scheduled appointment time. Patients will be assessed a fee of $25 for each documented no show or late cancellation.

In the event a patient has incurred three (3) documented "no-shows" and/or "late cancellations" within 1 year, the patient may be subject to dismissal from Gastroenterology Associates. Dismissals are determined by a physician after the patient's chart has been reviewed.

The charge for late cancellation/no-show of appointments will be billed directly to you and not to your insurance. We understand that situations such as medical emergencies occasionally arise. These situations will be considered on a case by case basis.

### By signing below, I acknowledge that I understand and agree to these terms:

X _____ _____

Signature of Patient/Authorized Representative | Today's Date

_____ _____

Print Name | Patient Date of Birth