

Notice of Financial Responsibility



Self Pay patients are expected to pay in full at the 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 services.*

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)

Pelham Medical Center

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 have a biopsy removed.

Some insurance companies require precertification. Gastroenterology will try 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 if all necessary information is provided. If coverage is deemed inactive for your dates of service, you are responsible for the balances.

Late Cancellations/No-shows:

Procedure Policy

- Cancellations less than **(7) days** before your procedure date will result in a **\$100 fee**.
- **No-showing** procedure appointments will result in a **\$250 fee**.
- Multiple rescheduled appts (**more than 2 times**) will result in a **\$100 fee**. An office visit will also be required prior to rescheduling a 3rd time.

Office Visit Policy

- Cancellations less than **(24) hours** before, or **no-showing**, your office, will result in a **\$25 fee**.

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 or submit a patient portal message. Thank you in advance for your cooperation and allowing us to participate in your care.