

Pioneer GI Clinic, APC Financial Policy

Your medical insurance is a contract between you and your insurance company. As a courtesy, we will bill your insurance for services rendered; however, you are ultimately responsible for all charges as a patient with Pioneer GI Clinic. It is your responsibility to notify our office of any patient information changes (exception, VA patients). Please review and sign the following financial policy prior to your office visit.

1. **Co-Payments, Deductibles and Fees**-All co-payments, insurance deductibles and fees for services not covered by your insurance policy are **due at the time of services rendered**. We accept cash, check, debit or credit cards (Visa, MasterCard).
2. **Insurance**-You must provide a current insurance card at each visit. If you do not present a current insurance card, you will be responsible for payment at the time of your visit for services rendered. You will be reimbursed by us if your insurance pays the claim at a later date. Please check with your insurance company prior to your visit to find out the percentage of services covered. Insurance plans and Medicare consider some services to be "non-covered", in which case, you are responsible for payment in full.
3. **Referrals and Prior Authorizations**-If your insurance company requires a referral and/or preauthorization, you are responsible for notifying the office staff so we may assist you in obtaining it. Referrals and Prior Authorizations are your responsibility to initiate. Failure to obtain the referral and/or preauthorization may result in lower or no payment from the insurance company, and the balance will be your responsibility.
4. **Self-Pay Accounts**-Patients who have no insurance coverage will be responsible for the entire cost of services rendered at the time of service. Arrangements may be made on an individual basis with the billing manager prior to your visit if you are in need of such services.
5. **Workers' Compensation**-In the case of Workers' Compensation, you must obtain the claim number, phone number, contact person and name and address of the insurance carrier prior to your visit. If this information is not provided, you may be asked to reschedule your visit or pay for your visit at the time of service.
6. **Minors and Dependents**-Parents and guardians are responsible for payments for their dependents at the time of services rendered. Minors and dependents must present a valid insurance card at each visit if a claim is to be filed. If an insurance card is not presented at the time of service, the parent or guardian will be responsible for payment in full at the time of services rendered.
7. **Missed Appointments**-Unless they are cancelled at least 24 hours in advance, our policy is to charge for missed appointments. The fee for a missed office visit appointment is \$25 and a fee of \$50 will be charged for missed procedural appointments. This fee is not covered by your insurance plan and is your responsibility. Excessive abuse of scheduled appointments may result in discharge from the practice.
8. **Prompt Payments**-Just as we make every effort to accommodate you when you are in need of medical care, we expect that you will make every effort to pay your bill promptly. If you have financial hardship or if you are unable to pay your bill in its entirety, please contact our billing manager to discuss payment options. You will receive 3 statements over a 90-day period. If you have not made payment on your balance within the 90-day period, and you have not established a payment plan or met with the billing manager, the account will be sent to a collection agency. Patients who are sent to collections may be asked to seek medical care with another provider. In the event that an account is turned over for collections, the person financially responsible for the account will be responsible for all collections costs, including attorney and court fees.

Patient/Guarantor Signature

Date

Printed Name
