

General Information

At each appointment, you will be asked about any changes in your personal data, such as name, address, phone number, or insurance carrier. Please bring your insurance card(s) to every office visit. It is imperative that we have the most current information on file for you.

Appointments

To cancel an appointment, please notify us at least 48 hours in advance. After two consecutive cancellations, a \$25.00 placement fee will be collected and applied to the office visit. Our office hours are 9:00 AM to 5:00 PM Monday through Thursday and 9:00 AM to 1:00 PM on Friday.

Please understand the importance of keeping your appointment(s). It is nearly impossible to adequately treat a patient that does not keep their appointments. A no show placement fee of \$25.00 will be collected and applied to hold the re-scheduled office visit. Patients who have 3 no shows may be asked to transfer their records to another doctor.

At times, emergencies can arise which may cause us to be behind schedule and we do appreciate your patience during these times.

Narcotic Policy

Coastal Gastroenterology, ^{PC} professionals will not manage chronic pain or sleep disorders. For any patients with chronic pain conditions, Coastal Gastroenterology, ^{PC} will provide a referral to a pain management doctor and work jointly with that physician on management of the condition. Coastal Gastroenterology, ^{PC} will not provide controlled substances for management of anxiety type disorders as it is outside the realm of gastrointestinal (GI) practice. We will be happy to make referrals to a psychiatrist for management of medications.

Prescription Policy

Medication refills should be completed at the time of your scheduled office visit. Before leaving the office, please make sure that you have been given enough medication and refills until your next visit. We will be happy to phone your prescription to your pharmacy with a 72 (seventy-two hour) notice. No medications can be reordered if you have not seen the physician within 3 (three) years.

Transferring of Records

You will need to request in writing if you want to have copies of your records sent to another doctor or organization. The initial request fee is waived. Additional requests will incur a fee which is dependent on the number of pages we need to copy. You authorize us to include all relevant information including your payment history. If you are requesting your records to be transferred from another doctor or organization to us, you authorize us to receive all relevant information, including your payment history.

Returned Checks

There is a fee (currently \$60) for any checks returned by the bank.

PAYMENT POLICY

Required Payments

Any co-payments required by an insurance company must be paid at the item of service. Because this is an insurance requirement, we cannot bill you for these. Failure on our part to collect co-payments from you can be considered fraudulent. Please support us in upholding the law by paying your co-payment.

Monthly Statement

If you have a balance on your account, we will send you a monthly statement. It will show separately the previous balance, any new charges to the account and any payments or credits applied to your account during the month.

Payments

Unless other arrangements are approved by us in writing, the balance of your statement is due and payable when the statement is issued, and is past due if not paid within 30 (thirty) days.

Payment Options if You Have No Insurance

For patients without health insurance we do require payment at the time of service. You may choose to pay by cash, check or credit card.

Cash, personal checks, Visa, MasterCard, American Express and Discover are accepted for payment.

Insurance

Please understand that your insurance policy is an agreement between you and your insurance company to pay certain amounts for medical care. Your physician's bill is an agreement between you and your physician. You are responsible for full payment of your account, regardless of the status of your insurance claim.

Contracted Insurance

If we are contracted with your insurance company, we must follow our contract and their requirements. If you have a co-pay you must pay that at the time of service. It is the insurance company that makes the final determination of your eligibility. If your insurance company required a referral and/or preauthorization, you are responsible for obtaining it. Failure to obtain the referral and/or preauthorization may result in a lower payment from the insurance company.

Non-contracted Insurance

Insurance is a contract between you and your insurance company. We are NOT a party to this contract, in most cases. We will bill your primary insurance company as a courtesy to you. The insurance company makes the final determination of your eligibility. You agree to pay any portion of the charges not covered by insurance. If your insurance company required a referral and/or preauthorization, you are responsible for obtaining it. Failure to obtain the referral and/or preauthorization may result in a lower payment from the insurance company.

Unpaid Accounts

If your account becomes past due, we will take necessary steps to collect this debt. However, if payment obligations are not fulfilled after 90 days, the accounts will shift to the collection process and possibly to a collection agency. If we have to refer your account to a collection agency, you agree to pay all of the collection costs which are incurred.

Once an unpaid balance is placed with a collection agency, the account must be settled through the collection agency, not with Coastal Gastroenterology. In addition, if your account has been referred to collections, any future visits will

be provided only once payment or partial payment is made on unpaid balances.

You understand if your account is submitted to a collection agency or if your past due status is reported to a credit reporting agency, the fact that you received treatment at our office may become a matter of public record.

Physician and Hospital Charges

Charges for medical care provided by the physician while you are in the hospital are billed by Coastal Gastroenterology. These charges are not to be confused with charges billed by the hospital or other professional providers not associated with Coastal Gastroenterology.

Acceptance of Responsibility

I hereby assign and authorize payment to Coastal Gastroenterology for all medical and/or surgical benefits, including major medical policies, to which I am entitled under any insurance policy or policies, any self-insurance program, or any other type of benefit plan. I understand that I am financially responsible for all charges whether or not paid by said insurance company. I understand and acknowledge that the assignment of benefits does not relieve me of my financial responsibility for all medical fees and charges incurred by me or anyone on my behalf. I hereby accept such responsibility, including, but not limited to, payment of those fees and charges not directly reimbursed to Coastal Gastroenterology by an insurance policy, self-insurance program or other benefit plan.

I know that it is my responsibility to notify Coastal Gastroenterology of all changes to my account; this includes changes in insurance, address, telephone number, emergency contacts, etc.

I have read and understand the policies. The authorization(s) shall remain in effect until revoked by me in writing. A photocopy of this authorization shall be considered as effective and valid as the original. I understand that I have the right to receive a copy of this authorization.

Insured's Signature:

Patient's Name: _____

Date: _____

Witness: _____

Relationship to Patient: _____