

Rochester Gastroenterology Associates, LLP Financial Policy

We know that choosing a physician is a very important decision and we thank you for choosing our office. We also recognize that insurance plans and payments have become increasingly more complex for our patients and their families. We have developed some services to help with those complexities. Please carefully read this overview of our Practice's financial policies.

Payment is due at the time of the visit. This includes all co-pays, deductible and coinsurance amounts. Co-pay amounts are listed on your insurance card. All patients with deductible plans must pay their charges, in full at the time of the visit.

Patient or Guarantor's Responsibility:

You will be responsible for any payment for any services requested and/or approved by you, if not covered by your insurance carrier. In addition, you will be responsible for any services rendered for services requiring interpretation by an outside agency and billed by them directly (i.e. labs, etc.).

You must be informed of and understand the details of your health insurance coverage and fulfill any associated requirements (e.g., deductible amounts, pre-certification, obtaining referrals, providing information regarding pre-existing conditions, etc.).

Obtaining these is the responsibility of the patient prior to the visit or the patient will be responsible for the total amount due. It is also your responsibility to provide our office with all required information regarding your health insurance coverage. You must promptly respond to our requests for insurance information and notify us if there are any changes to your insurance information.

Payment Options we can provide:

We provide the following financial services regarding care provided for our patients.

As a service, we will keep a copy of your insurance card on file and will submit an insurance claim on your behalf to your insurance company with the information you have provided us.

Payment options at the time of service include cash, check and credit card or a signed enrollment in the HealthePay™ Program.

HealthePay™ Program

We recognize just how difficult it can be to understand all the details of your insurance plan. Therefore, we are willing to accept an agreement that allows us to charge an approved credit card for the patient balance as determined by the insurance company once we have submitted a claim and received the explanation of benefits.

The most common reason for a claim being rejected is an ineligible policy or plan number. In the case there is an incorrect number or other information, you will be billed for the full amount of the visit.

We CANNOT provide Financial Services:

It is the responsibility of the patient and/or parents/guardians to know what is covered and not covered by their insurance carrier. If you are unsure, you must either pay in full for the visit or sign up for the HealthePay™ Program.

Loans - We cannot loan people money to cover the cost of their services until such times they collect monies from their insurance companies.

Balances that remain outstanding for a period of 90 days or more may be referred to a collection agency or attorneys' office. If an account is sent to collection, all collection fees and attorney fees will be added to the balance due. Additionally, patients may be dismissed from the practice as per legally accepted protocols.

Agreement:

By signing below, I/we have selected Rochester Gastroenterology Associates, LLP to provide medical services and attest that I accept the responsibility for full payment of all services rendered. I/we also agree that we will:

- Provide accurate insurance information for the patient and update Rochester Gastroenterology Associates, LLP with any changes in insurance.
- Make full payment or co-payment at the time of service including all deductibles OR enroll HealthePay™ Program
- Keep the account current through timely payments and communications required.
- Grant the right to collect all reasonable costs, billing fees, attorney's fees, collection agency fees and disbursements associated with any legal action taken to recover a debt for services rendered.

I/we understand that:

- All accounts not current are subject to the Practice's collection program and could result in a loss of privileges/relationship with the Practice.
- In the event the bank returns a check to us, a service charge of \$40 (maximum) in addition to any bank fee will be added to the account.

Financial hardship should never stand in the way of medical care. Since open communication can benefit both parties, any hardship should be confidentially discussed with the Practice earlier rather than later. This will simplify a difficult situation. Please feel free to speak with the physician or our office manager if you have any questions about our policy.

I HAVE READ AND UNDERSTAND THE TERMS AND CONDITIONS SET FORTH ABOVE AND AGREE TO THE TERMS AND CONDITIONS THEREIN. I FURTHER UNDERSTAND THAT FAILURE TO COMPLY WITH THIS AND ANY OTHER POLICIES OF ROCHESTER GASTROENTEROLOGY ASSOCIATES, LLP MAY RESULT IN TERMINATION OF PROFESSIONAL SERVICES. (A DUPLICATE COPY OF THE BILLING AND CREDIT POLICY IS AVAILABLE FOR MY REFERENCE, UPON REQUEST).

Please select one of the following options:

- I will pay in full at the time of service for each visit
- I will enroll in HealthePay™ Program on line today

Patient Name(s):

Self/Guarantor/ Father / Mother / Legal Guardian (Please Circle one) Date