COMPREHENSIVE
GASTROINTESTINAL HEALTH
EDUCATION. NUTRITION. COGNITION. PREVENTION.

FINANCIAL POLICY

Thank you for choosing Comprehensive Gastrointestinal Health, LLC to assist with your healthcare needs. We are dedicated to providing you exceptional care to help achieve your wellness goals. Your understanding of our Financial Policy is important to our relationship. Please review the following information and sign below. A copy will be returned for your records. Please contact our Billing Department if you have any questions at 773.480.4584.

IT IS YOUR RESPONSIBILITY TO:

Bring your **INSURANCE CARD** to every visit. Be prepared to pay your **CO-PAY** at each visit. Payment may be made by cash, check, or credit card. For medical care not covered under your insurance, payment in full is due at the time of the service (unless prior arrangements have been made with our billing department).

TYPES OF COVERAGE

SELF-PAY

"Self-Pay" is defined by Comprehensive Gastrointestinal Health, LLC as **a patient who does not have insurance or a program that accepts financial responsibility for the patient's bills.** In these circumstances, we may offer discounted self-pay rates and/or bundled service options. We expect payment at the time of service unless prior arrangements have been made with our Billing service. If you are unable to pay for necessary medical care, it is your responsibility to inform us prior to the visit. If you have supplemental insurance we will be happy to electronically submit it for you. You will receive a bill after your insurance has paid.

HMO/PPO

All co-payments are due at the time of the service. We are members of most but not all plans. You are responsible for verifying that we are providers for your plan. It is the patient's responsibility to know your insurance and to know when referrals or pre-authorization is required. **If you are an HMO member** you must provide us with a referral form at the time of the service. If you do not have a referral, your visit may be rescheduled, or you may be financially responsible.

INSURANCE

As a courtesy to our patients, we electronically submit your claims to your insurance company. Please remember, that your insurance policy is a contract between you and your insurance company. Comprehensive Gastrointestinal Health, LLC is not a part of that contract. We cannot bill your insurance company unless you provide us with all required insurance information. It is your responsibility to determine what benefits are covered by your insurance plan. The balance of your account is always your responsibility. If your insurance company has not paid your claim in 45 days, the balance will be transferred to you and becomes your responsibility.

MEDICARE

The providers at Comprehensive Gastrointestinal Health have chosen to opt out of participating with Medicare. This means that Medicare will not pay for you to see any of the providers at our office. Please refer to our Medicare Policy information for additional details.

CANCELLATION POLICY

Comprehensive Gastrointestinal Health relies on your commitment to keep your scheduled appointments. Some offices will double book appointments to prevent financial damage that occurs because of missed appointments. We have chosen not to overbook our appointment slots and prefer to spend the time necessary to provide thorough care to every individual. Therefore, if for any reason you need to cancel or change your appointment, it is important that you provide us with at least two business days notice to offer that appointment to someone else. We recognize that emergencies do arise, but please do notify us as soon as possible.

In addition, patients who do not show two or more times in a 12 month period, may be dismissed from the practice.

SURGICAL PROCEDURES

If you are scheduled for a procedure by our office, please be aware there are separate service components for which you will be billed separately:

PHYSICIAN'S PROFESSIONAL CHARGE

Your physician will bill this charge separately to you. This billing is for the physician's professional services that are provided during your procedure.

FACILITY CHARGE

This billing is for the use of the in-office endoscopy suite in which your procedure is being performed.

PATHOLOGY CHARGE

If you have a biopsy taken you will receive a bill from the laboratory and pathologist that processes your biopsy speciment.

ANESTHESIA PROFESSIONAL CHARGE

If your procedure utilizes the services of an anesthesiologist, this professional charge will be billed separately to you.

MEDICAL RECORD COPYING

All medical record copy requests must be in writing, dated, signed, and designate where the records are to be sent and what documents are to be copied. The medical information is accessible to the patient or their representative with signed authorization. The cost associated with copying medical records is made payable in advance and dependent on the number of pages. Our medical records department will provide you with the fee information and time frame for processing your request after review of your chart. Copies of records for the purpose of referral or continuation of patient's medical care do not have an associated cost.

RETURNED CHECKS

Returned checks will incur a $25.00 service fee for the first check. A second incident will result in a $50.00 service fee and patient will be on a cash or credit card payment basis only.

COLLECTION

In the event of non-payment of providers' bills, the Doctor shall be entitled to the right of recovery for all collection expenses, including court costs and reasonable attorney's fees, incurred for the purpose of obtaining payment of the amount due. If your account does go to a collection agency or we are listed in a bankruptcy suit you may be dismissed as a patient from our practice at your physician's discretion.

Any questions about financial arrangements should be directed to the Billing Department.
Please sign indicating that you have read, understand and agree to this Financial Policy.

PATIENT NAME: _____ **DATE:** _____

SIGNATURE OF PATIENT / REPRESENTATIVE: _____