



FINANCIAL POLICY

Here at The Gastro Center of Florida we are fully committed to providing you with the best possible medical care. This written agreement is to inform you of our financial policy. It is vital that you are in clear understanding of our financial policy to maintain this professional relationship.

Office Visit – A scheduled appointment is a commitment of time between you and our practice, a time frame which we have reserved just for you. We understand that instances arise causing you to have to reschedule your appointment. If you are unable to keep a scheduled appointment, we ask that you please call to cancel/reschedule at least **24 hours** in advance to avoid a 20.00 service charge

Procedures- A scheduled procedure at one of the facilities that our physicians reserves is a blocked, reserved time, with our provider, the facility, the facility staff, and the anesthesiologist. If you are unable to keep the date & time of your **scheduled** procedure, we ask that you notify us **no less than five days in advance** to avoid a 50.00 service charge. Cancellations within 48 hours of your reserved spot, or failure to show for a procedure will result in a 100.00 service charge.

Insurance: - We emphasize that your health is of the highest importance to us, regardless of your insurance. Please check with your insurance carrier to determine if we participate with your network and to identify any pre-existing requirements, limitations, or benefit restrictions that you may have prior to your appointment. If we do not participate with your insurance plan, **your payment in full** must be made at the time of your office visit. If we do participate with your insurance plan, we will file your claim and only request that you come to the office prepared to pay your co-pay and/or deductible on the day of your appointment. If you are a member of a HMO, you must take full responsibility for verifying that you have chosen a participating provider, and have the pre-requisites for your office visit in order to avoid being held financially responsible for any denied services.

Account Statements: Should it become necessary to bill you for services thought to be paid by your health insurance plan, payment is due upon your receipt of our billing statement. **Our office will not enter into dispute with your insurance company over their determination of your claims.** However, should you decide to exercise your appeal rights with your insurance company, we will provide any requested documentation to your insurance carrier. Unfortunately, we cannot delay the receiving of your payment for services that were rendered until you have reached a favorable outcome with your insurance. Account balances that are over 90 days old will result in having this account sent to the collection agency, and must be paid in full prior to your next appointment. If a scenario arises that will temporarily prevent you from paying your account balance, you must contact us promptly for assistance in the management of your account and the implementation of suitable payment arrangements.

Refunds and Account Inquiries: If your account has a credit balance, we will promptly release a refund check to you as soon as your insurance carrier has processed all pending insurance claims remaining on your account. Should you have a question regarding your account balance, please call our office at 386-427-0390.

SIGNATURE OF GUARANTOR

DATE