

Managed Care mandates that you use in-network physicians, labs, hospitals and services in order to receive in-network payment. In order to help you stay compliant with your insurance requirements:

- A copy will be made of your insurance card each time you visit our facility to assure we have the most recent information. If insurance card is not provided, appointment will be handled as self-pay and \$150 will be collected prior to being seen.
- Please note that if your insurance does have a co-pay requirement, this will be collected prior to seeing the provider. If payment is not made at time of service, a \$25.00 penalty will be added to your account balance.
- Patients will be rescheduled if arrival time is after scheduled appointment.
- Please understand, failure to notify your physician of in-network requirements will result in non-payment or penalty by your insurance company and will result in your being billed for services rendered.
- Please let us know if referral numbers and/or authorization for service requests are required by your plan prior to any services being rendered so that you will not be penalized. We will do what we can to assist you with obtaining insurance numbers, but it is ultimately your responsibility to obtain authorization from your primary care physician.
- This office does not guarantee that an insurance company will pay. In the event that the insurance company disputes or rejects the claim, it will be the patient's responsibility to pay the charges and pursue reimbursement from the insurance company.
- It is understood that returned checks made payable to this office for insufficient funds, stop payments, or other reasons for non-payment will be assessed a \$25.00 service charge for which I agree to be held responsible.
- If you do not show or cancel within 48 hours of a scheduled procedure a \$100.00 service charge may be added to your account balance.
- In the event that your account is placed with a collection agency, a charge that is equal to 30% of your balance will be added to your account to cover collection costs.
- Please be aware the Center for Digestive & Liver Health and The Endoscopy Center do not participate with the carriers listed below. In order to still be seen by one of our physicians, it will be on a cash basis paid in advance of service.

Amerigroup: (912) 235-4471

Wellcare Medicaid: (912) 233-2112

Please circle your Insurance Company's preferred facility:

The Endoscopy Center - St. Joseph's/Candler Health System - Memorial Health University

Please circle your Insurance Company's preferred laboratory:

MEMORIAL HEALTH	LAB CORP	SMITHKLINE
ST. JOE'S/CANDLER	LAB ONE	QUEST
SOUTHCOAST	OTHER _____	

Pathology Services are performed on-site at the Center for Digestive and Liver Pathology Laboratory.

I have read the above information and understand that I am responsible for notification of my insurance plan mandates.

Signature _____ Date _____

Primary Insurance _____ Date of Birth _____