

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:

- It is the patient’s responsibility to provide all necessary information to bill their insurance(s). A copy will be made of your insurance card **each time** you visit our facility to assure we have the most recent information. If you do not present your insurance card at the time of service, your appointment or procedure will be rescheduled.
- Please note that if your primary insurance has a co-pay or deductible requirement, this will be collected prior to seeing the provider. If payment is not made at time of service, your appointment or procedure will be rescheduled.
- Co-insurance requirements are collected immediately after seeing the provider. If payment is not made at time of service, a \$25.00 penalty will be added to your account balance.
- For patients with high deductible plans, a deposit of \$1000 will be expected at time of service or procedure will be rescheduled.
- For patients who do not show for a procedure or do not cancel 2 days prior to their scheduled procedure time, a \$150.00 fee will be charged.
- If you arrive 15 minutes late for your appointment, the appointment will be rescheduled.
- It is the patient’s responsibility to verify in or out of network benefits with their insurance company. It is the patient’s responsibility to obtain any referral numbers or prior authorization/precertification that may be required by their insurance company and to present them at the time of their appointment or procedure.
- In the event that the insurance company disputes or rejects the claim, it will be the patient’s responsibility to pay the charges.
- 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.
- 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 insurance 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.

The Center for Digestive & Liver Health / The Endoscopy Center does NOT accept:

Amerigroup Medicaid/Medicare ▪ Medicaid ▪ Wellcare Medicaid ▪ Ambetter/Peach State Health
 Veterans Choice ▪ Humana Savannah HMOx ▪ UHC Compass/Navigate ▪ International Plans

Please circle your **Insurance Company’s** preferred facility:

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

Anesthesia Services are provided by Coastal Ambulatory Anesthesia, PC, 912-429-9020. For billing questions, please contact InterHealth Solutions, 1-888-233-1493

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

LabCorp will be utilized for patients that have BlueCross BlueShield HMO or POS

It is the patient’s responsibility to verify if the above providers are in-network with the insurance provided by the patient. Patient will be responsible if services are out-of-network

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 _____