

GastroIntestinal Healthcare (GIH) Financial Policy

Insurance: Most insurance plans cover the cost of the procedure, less any applicable co-pays, co-insurance, and deductibles. It is your responsibility to: check with your plan in advance to ensure that we participate with your insurance plan, review your benefit coverage; and ensure all pre-approval requirements are met to avoid denials or out-of-network benefits. Your policy is a contract between you and your insurance company. We are not a part of that contract and cannot guarantee payment by your insurance carrier. If your insurance plan does not pay for all services or denies coverage, you will be fully responsible for all contracted fees due. If your insurance company denies payment of your claim, contact your insurance company directly. We will allow your insurance company 45 days to pay your insurance claim. If they have not paid by the 46th day, you will be held entirely responsible for any balance due, and you will be billed accordingly. Dissatisfaction with your insurance company does not constitute reason to withhold payment of your account with GIH. We do accept assignment of your benefits; however, please be aware that some or all of the services provided may be a non-covered service under your plan. You will be responsible for these non-covered charges. In the event that your insurance coverage relates to a plan where we are not a participating provider, you will be 100% responsible for all charges incurred.

All co-pays, deductibles and co-insurance are due at the time of treatment. We must receive your billing information at each visit in order to meet claims submission guidelines set by your insurance plan. If either the practice or the plan fails to receive accurate information necessary to process your claim, you will be held responsible. We must have a copy of your current insurance card to file for you or your family member. If you do not have your insurance card, we will ask for payment in full at the time of visit.

In summary, your financial responsibility pertains to:

- Denied and non-covered services
- Services deemed not medically necessary by your insurance company
- Co-payments, deductibles, co-insurance
- Pending claims due to lack of patient and/or guarantor information
- Non-insurance and/or out of network benefit
- Self-pay patients must pay in full at time of service

Costs: Depending on our contract with your particular insurance carrier, your procedure could result in a combination of the following fees:

1. Professional Fee – this is the Doctor's charge for performing the procedure.
2. Facility Fee – this is the charge for the Endoscopy Center.
3. Pathology Fee – if a biopsy is needed, you will be billed separately for these services, which are not included in the Financial Estimate provided to you prior to your procedure.
4. Anesthesia Fee – you may be billed separately for anesthesia services by Carolina Anesthesia. This charge is not included in the Financial Estimate that we provide to you prior to your procedure.

Estimates: Any charges you were provided when you scheduled your procedure were ESTIMATES only for the Physician and Facility. We have no way of stating exactly what the charges will be prior to a procedure, and your treatment may change. Estimates do not include pathology or anesthesia fees, which are billed separately. We cannot waive amounts defined as patient responsibility as such waiver could violate State and Federal laws.

Payment Options: We accept all credit cards, cash, money orders, checks and Care Credit. If you do not have a Care Credit Account, please go to our website at www.giraleigh.com, or call our office at 919-870-1311 for directions on how to apply for this payment option, which must be completed and approved prior to the date of your procedure. We accept electronic payments through our website secure on-line patient payment portal at www.giraleigh.com. A service charge of \$35.00 will be applied to your account for all returned checks or any stopped payment on an issued check.

Collection Accounts: Any past due balances not paid will be turned over to a collection agency after 45 days unless payment arrangements have been made with GIH.

Refunds: GIH will issue refunds once all insurance claims have been paid and your account has a credit balance. Refunds will not be issued for amounts less than \$10.00. Refunds are issued bi-weekly.

Missed Appointments: We require a 24-hour notice of cancellation for all appointments. If we don't receive at least 24 hours advance notice, we may charge you a \$25.00 missed appointment fee. This charge will not be billed to your insurance company.

Authorization: I agree to be responsible for any medical expenses incurred with GIH, therefore, I authorize my insurance company, attorney, or other parties to pay directly to GIH, and/or provide any information regarding payment of my bill. I have read, understood, and agreed to the financial policy stated above and I accept responsibility for any balance not covered by my insurance company.

Signature of Patient or Responsible Party: _____ **Date:** _____