

## **FINANCIAL POLICY 1/1/2011**

Thank you for choosing Neil L Julie MD PA for your health care needs. Our goal is to provide and maintain a good physician-patient relationship. Letting you know in advance of our office policy allows for a good flow of communication and enables us to achieve our goal. Please read the following billing policies to understand your financial obligations as a patient.

### **INSURANCE AND PAYMENT POLICY**

We participate with Medicare, the "Blues" and most major insurance plans. You should know if the physician and the facility where the procedure will be performed participates with your insurance plan. For managed care plans requiring a co-pay, you are responsible for paying the co pay at the time of service. If your insurance is an HMO or EPO and requires a referral from your primary care physician, it is your responsibility to obtain the referral prior to the appointment. Some patients have out of pocket expenses, which are not covered by your insurance, which may include deductibles, co-payments, co-insurance and non-covered services.

When you receive your Explanation of Benefits from your insurance carrier, you are responsible for the payment in full of any balance on your account or when you receive a statement from our office.

### **PAYMENT METHODS**

We accept payment by cash, check or money order, Visa, MasterCard or Discover. For any returned check, there will be an additional service charge and we will only accept cash or money order to replace the returned check. Failure to replace the returned check may result in collection action.

### **SELF-PAY PATIENTS**

Patients will be required to pay in full the estimated charges prior to procedures being performed. Office visits are to be paid at the time of service.

### **STATEMENTS SHOWING OUTSTANDING BALANCES**

Statements are mailed to our patients monthly. The statement shows an itemized statement on any outstanding balance on your account. The balance should be paid in full upon receipt unless financial arrangements have been made with the billing office. Past due accounts will be reviewed for possible collection action.

### **APPOINTMENTS-CANCELLATIONS/RESCHEDULED**

We make every effort to accommodate your scheduling needs. It is important that you arrive on time and to notify us immediately in the event you need to reschedule the appointment. We reserve the amount of time we need to provide quality of care. Therefore, sufficient notice to change your procedure appointment is necessary in order to offer this time to another patient. We require 48 hours notice (2 business days) prior to your scheduled procedure appointment for any cancellation or rescheduling.

Office visits cancelled/rescheduled without sufficient notice (1 working day)/24 hour notice will incur a charge of \$35. This charge is not a covered charge and is not paid by your insurance company; therefore the charge will be billed directly to you. We will require payment of the cancellation fee prior to rescheduling another appointment.

Procedure appointments cancelled/rescheduled without sufficient notice (2 working days ) will incur a charge of \$125. This charge is not a covered charge and is not paid by your insurance company; therefore the charge will be billed directly to you. We will require payment of the cancellation fee prior to rescheduling another appointment.

### **DEDUCTIBLES & PRE-CERTIFICATION**

Our office will verify your benefits with your insurance plan. Payment of any deductible amounts is your responsibility. We will contact your insurance plan to obtain pre-certification on procedures scheduled by our office. Pre-certification does not guarantee coverage and/or payment. It is your responsibility to know the extent of coverage for services provided by our office.

### **PROCEDURE BILLINGS**

For procedures performed at one of the endoscopy centers (insert names), you will receive three bills. One for Dr Julie's professional services; the other for the facility fee and the third from the anesthesiologist. The facility fee will be billed by GIEA. You may receive a bill from GIEA for your anesthesia. This company bills for the anesthesia services provided during your procedure. Any pathology performed during your procedure will be billed by the entity providing the lab services.

### **SCREENING VS DIAGNOSTIC COVERAGE**

Insurance companies often provide screening benefits for routine screening colonoscopy. In general, a screening colonoscopy is allowed only once within a 10 year period-so if you have had a previous colonoscopy within the past 10 years, then, this current study will not qualify as "screening". Furthermore, a screening colonoscopy is performed when you the patient have no symptoms and there are no polyps/lesions removed during the procedure. However, if during the procedure, the physician discovers polyps/lesions or performs a biopsy, the insurance plan may consider the service a diagnostic procedure and may not cover the procedure as a "screening colonoscopy". In this case, the insurance company may drop the financial responsibility to you the patient for all or part of the procedure cost. It is important that you know if this applies to your routine screening benefits.

I have read, understand and accept the above financial policy of Neil L Julie MD PA.

Patient's name

Date