

James R. Curtiss, MD

Financial Policy

Thank you for choosing the office of James R. Curtiss, MD, to serve your gastroenterology needs. We are pleased to participate in your health care and look forward to establishing a lasting relationship as your gastroenterologist. As part of this relationship, we wish to establish our expectations of your financial responsibility as outlined in this financial policy. Please read carefully.

1. **COPAYS, DEDUCTIBLES, FEES**— We accept assignment from and participate with most insurance companies. All Copays, insurance deductibles, and fees for services not covered by your insurance policy are due at the time service is rendered.

- Patients who do not provide payment at the time of service will be rescheduled to another appointment.
- Patients who are scheduled for a hospital procedure will be required to pay their deductibles prior to or at the time of scheduling. Most outpatient procedures range from \$250-500.
- **PAYMENT METHODS**—We accept cash, check, Visa, MasterCard, Discover, and American Express.
- **NON-SUFFICIENT FUNDS (NSF)**—A \$20 returned check fee will be assessed in the event of non-sufficient funds. Failure to pay this fee, in addition to compensation for the full amount of the NSF check, will result in your check being turned over to the appropriate authorities.

2. **REQUIRED SIGNATURES**--Patients must complete and sign informational notices, insurance forms, or any other forms, as requested, prior to seeing the physician/nurse practitioner.

3. **PROOF OF INSURANCE**--You must be able to present a current insurance card at each visit, upon request. If you do not have a current insurance card, or proof of insurance coverage eligibility, you may be asked to pay for your visit in full at the time of service or to reschedule to an alternate appointment date.

4. **PROMPT PAYMENT**—Just as we make every effort to accommodate you when you are in need of medical care, we expect that you will make every effort to pay your bill promptly. If you have a financial hardship, or if you are unable to pay your bill in its entirety, please contact our billing department to discuss payment options. If your account becomes delinquent, and you have not established or set up payment options with our billing office, your account may be turned over to a collection agency, and you will be expected to seek treatment elsewhere.

5. **SELF-PAY POLICY**—Because we recognize that not all patients have insurance coverage, we have made pricing available that is similar to the rates paid by insurance companies. In order to take advantage of these favorable prices, self-pay patients are required to make payment at the time of service for office visits and in advance for procedures. For rates on office visits and procedures, see the receptionist or our billing department.

6. **RETRO MEDICAID BILLING**—Patients who present as self-pay patients to our office may at some future date be approved for a retroactive Medicaid card. Our office does not retro bill for backdated Medicaid coverage (unless patient has entered our care in an emergency situation via hospital admission). Patients who expect to get retroactive coverage may choose to be rescheduled until such time as coverage is active.

7. FORMS—There is a \$35 charge for any forms our office is asked to fill out (e.g., FMLA or other disability papers).

8. MISSED APPOINTMENTS—For office appointments or hospital procedures that must be cancelled, a courtesy notice of at least 24 hours in advance is required so that arrangements can be made for other patients to take your place. Patients who repeatedly miss appointments without the appropriate cancellation notice will be assessed a \$50 No Show fee, payable prior to seeking further treatment.

9. RESPONSIBILITY FOR BILLS INCURRED—As a patient in need of medical services, you are responsible for the bills incurred during the course of your treatment regimen. Your medical insurance is a contract between you and your insurance company, and we have no control over your benefit design.

- PRECERTIFICATION—As a courtesy to you, we will contact your insurance company to obtain preauthorization for procedures scheduled by our office. It is our intent to obtain all necessary pre-authorizations prior to any procedures; however, it is ultimately your responsibility to ensure that this has been done, either by contacting your insurance company, the hospital, or our office scheduling personnel.
- Please note that preauthorization and precertification are not guarantees of coverage and/or payment by your insurance company. It is your responsibility to contact your insurance company to determine the extent of your coverage for services rendered. We will assist you by providing the procedure code and diagnosis information that may be needed.

10. SCREENING COLONOSCOPY BENEFIT—As a result of recent legislation, 100% screening colonoscopy benefits are provided by some insurance companies. PLEASE NOTE: PATIENTS ARE ELIGIBLE FOR SCREENING COLONOSCOPY BENEFITS ONLY UNDER CERTAIN CIRCUMSTANCES.

- In order to qualify for a screening colonoscopy benefit of 100%, you must be completely free of any gastrointestinal symptoms whatsoever. This means that if you are referred to us for a colonoscopy and symptoms, including, but not limited to, constipation, diarrhea, abdominal pain, rectal bleeding, or any other gastrointestinal symptom are present, you may not qualify for this benefit.
- If symptoms are present, these diagnoses must and will be used when your claim is filed, and regular coinsurance and deductibles may apply.
- Please be advised that even a symptom-free screening colonoscopy may be deemed by your insurance company to be a diagnostic colonoscopy if polyps or other abnormalities are found during the procedure. Depending on your insurance company, regular coinsurance and deductibles may apply for a screening colonoscopy turned diagnostic.
- We make every effort to bill procedures accurately to your insurance company, according to current billing guidelines and requirements. Thus, symptoms and findings must be reported. We will revise and rebill a claim only if a billing error (supported by chart documentation) is found.

I have read and understand the expectations communicated in this financial policy.

Patient Name

Date