



## Digestive Healthcare Consultants of Northwest Ohio

### Office Financial Policy

1. Our practice participates with most major insurance carriers. Please call our business office at (419) 842-5010 if you would like to verify that we accept your insurance.
2. If there is a change of insurance coverage, address, employment or telephone number(s), we require that you notify us of the change as soon as possible.
3. If your insurance carrier requires a referral for treatment, you should submit the request and verify that the authorization has been approved by your insurance carrier prior to being seen. If our business office does not have a referral on file, you may be billed for the visit/service.
4. Payment is required for office services at the time they are rendered. Payment should be made on the conclusion of your office visit. Patients who receive insurance through an HMO or PPO contracted with this office are responsible only for the co-payment. Payment may be made by cash, check, Visa, Mastercard or Discover.
5. For those patients who are eligible for Medicare, we are "Participating Physicians." We accept assignment on all services covered by Medicare, writing off Medicare's non-approved portion of our charge. Medicare will pay our office 80% of the approved amount, minus any deductible for which you are responsible. If you have supplemental insurance that will cover the portion of the approved amount Medicare does not pay, please make certain we have a copy of your secondary insurance card.
6. In some instances, your insurance carrier may deem services provided as non-covered. It is important to understand that benefit levels vary dramatically between insurance carriers. It is important for you to verify with your insurance carrier, what your benefit will be. Non-covered screening services will be responsibility of the patient. We require prepayment for all non-covered services prior to having the procedure.
7. The responsibility of payment for services rendered to any dependent children whose parents are divorced rests with the parent who seeks treatment.
8. A monthly statement will be sent to you when your insurance carrier(s) have responded to our claim(s) or if your claim has been filed with no response from your carrier within a timely manner.
9. Our office initiates collection procedures on all accounts that remain unpaid ninety (90) days beyond the date of the first patient statement, unless alternate financial arrangement are reached with our business office.
10. Patients are financially responsible for medical services rendered regardless of insurance coverage. If your account becomes past due, or if there is an unusual financial situation in your family, which makes paying your medical bills difficult, please contact our business office at (419) 842-5010.
11. **CANCELLATION ALERT.** Due to the expense of scheduling nursing staff, preparation of room and equipment, and Physician time we find it necessary to charge a cancellation fee of \$100.00 for any cancellation less than 72 business hours prior to the scheduled procedure. It will be your responsibility and not your insurance company to pay this fee. You will not be able to reschedule your appointment until fee has been paid. To cancel a procedure, please call the Endoscopy Center at (419) 843-5037.