

7 HILL GASTROENTEROLOGY, P.A. PATIENT FINANCIAL POLICY

We are committed to providing you with the best possible care, and will help you receive your maximum allowable insurance benefits. However, we need your assistance and your understanding of our payment policy. Your insurance contract is between you, your employer and the insurance company. (Please see below-"Understanding Your Insurance Coverage")

Not all services are covered by all contracts. We participate and accept assignment from most major payors, which means covered charges, will be paid directly to us. If we do not participate in your insurance plan, you may still choose to be seen by the practice. As a courtesy to you, we will file a claim with your insurance carrier on your behalf. Any remaining balance will be billed to you once we have received payment from your insurance carrier. Due to current federal and insurance regulations, all co-payments, co-insurance and deductibles are collected at time of service.

We accept cash or checks, and for your convenience, Visa, MasterCard or Discover. Additional fees, which typically are not covered by insurance plans will be charged for services such as copying of medical records, and completion of disability forms. A fee of \$30.00 will be charged for checks returned for insufficient funds. An additional monthly fee will be charged on all past due accounts and co-pays not paid at time of visit. We encourage you to contact us promptly for assistance in the management of your account. We are here to help you and will be happy to help with any questions you may have about your treatment or insurance coverage.

Understanding Your Insurance Coverage

Your insurance policy is an agreement between you and your insurance company. The policy lists a package of medical benefits such as tests, drugs and treatment services. The insurance company agrees to cover the cost of certain benefits listed in your policy. These are called "covered services." Your policy also lists the kinds of services that are not covered by your insurance company. You have to pay for any uncovered medical care that you receive. Keep in mind that a medical necessity is not the same as a medical benefit. A medical necessity is something that your doctor has decided is necessary. A medical benefit is something that your insurance plan has agreed to cover. In some cases, your doctor might decide that you need medical care that is not covered by your insurance policy.

Insurance companies determine what tests, drugs and services they will cover. These choices are based on their understanding of the kinds of medical care that most patients need. Your insurance company's choices may mean that the test, drug or service you need isn't covered by your policy. Your doctor will try to be familiar with your insurance coverage so he or she can provide you with covered care. However, there are so many different insurance plans that it's not possible for your doctor to know the specific details of each plan. By understanding your insurance coverage, you can help your doctor recommend medical care that is covered in your plan.

Take the time to read your insurance policy. It's better to know what your insurance company will pay for before you receive a service, get tested or fill a prescription. Some kinds of care may have to be approved by your insurance company before your doctor can provide them. If you still have questions about your coverage, call your insurance company and ask a representative to explain it.

Remember that your insurance company, not your doctor, makes decisions about what will be paid for and what will not. Remember that your physician, not your insurance company, makes medical decisions and recommendations about what will benefit your health status. Most of the things your doctor recommends will be covered by your plan, but some may not. When you have a test or treatment that isn't covered, or you get a prescription filled for a drug that isn't covered, your insurance company won't pay the bill. This is often called "denying the claim." You can still obtain the treatment your doctor recommended, but you will have to pay for it yourself.

If your insurance company denies your claim, you have the right to appeal (challenge) the decision. Before you decide to appeal, know your insurance company's appeal process. This should be discussed in your plan handbook. *Source: American Academy of Family Physicians, 2001*

Patient Financial Agreement

I understand that I am ultimately responsible for understanding the terms and coverage with my insurance company. I understand and agree that regardless of my insurance status, I am ultimately responsible for the balance on my account for any professional services rendered. I have read the above Patient Financial Policy and have provided the Practice with true and correct insurance information. I will notify you of any changes in my health insurance coverage.

A copy of this agreement may be used in place of the original.

_____ Date _____

Signature of Patient, Policy Holder or Legal Guardian Date _____

Printed Name: _____