



Arkansas Gastroenterology Endoscopy Center, PLLC, Arkansas Gastroenterology Associates, PLLC, Digestive Diseases Clinic of Hot Springs, PA, J. Steven Mathews, M.D., d/b/a Gastroenterology Clinic of Hot Springs ("Organized Healthcare Arrangement")

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(501) 623-4101

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Name: _____

Appointment Date: _____ Time: _____ A.M./P.M.

Please fill out all paperwork and bring with you to your appointment. You also must bring a photo ID and your insurance card.

Arkansas Gastroenterology Endoscopy Center, Digestive Diseases Clinic and Gastroenterology Clinic of Hot Springs are located at **151 McGowan Court** (off Higdon Ferry, North of CHI St. Vincent Hospital).

Arkansas Gastroenterology Endoscopy Center, Digestive Diseases Clinic and Gastroenterology Clinic of Hot Springs, PA are in compliance with Title VI of the Civil Rights act and operates, manages, and delivers services without regard to religion, disability, political affiliation, veteran status, sex, race, color or national origin.

We are pleased that you are a patient of Arkansas Gastroenterology Endoscopy Center, Digestive Diseases Clinic and Gastroenterology Clinic of Hot Springs. We feel that we can better serve you if you are familiar with our policies and procedures.

BILLING: Regardless of your medical insurance coverage, we rely on you to settle your account. It is your responsibility to pay any deductible, co-payment **at the time of service**. Any other balance left unpaid by your insurance company will also be your responsibility (excluding any unpaid allowed charges or discounts from managed care or other contracts). Accounts unpaid after 120 days will be reviewed for collections.

INSURANCE: In order for our office to file your insurance properly, you must bring your insurance card(s). Patients must realize that professional services are rendered to a person, not an insurance company. We will file all primary insurance and secondary insurance, however if your insurance carrier does not remit payment within 45 days, the balance will be due in full from you. Since we are not a party to the agreement with your insurance carrier, it is not our policy to contact to contact them to establish why they have not paid, or why they paid less than originally indicated.

APPOINTMENTS: Appointments are held for 15 minutes. If the patient has not arrived or called in that time, they will be rescheduled.

I have read and fully understand the above policies and agree to abide by each of them.

Name: _____ Date: _____