



For billing and authorization questions please contact one of our Billing associates at 443-837-2039. For all other questions please call 410-224-2116. Our representatives are available Mon-Fri, 8am to 5pm to answer your questions. Please visit our website www.aagastro.com for forms and prep instructions.

If you are unable to keep your appointment, **please notify our office at 410-224-2116 at least 3 business DAYS prior to your scheduled appointment.**

BILLING INFORMATION: If you are having a procedure, you may receive up to four separate statements reflecting charges for the following services:

- **Physician Component:** Fee to be paid to the physician for performing the basic procedure, plus any additional procedure(s) that may be required, such as: performing a biopsy, removing polyps, dilating the esophagus, etc. A definitive cost cannot be given until the physician has completed the procedure(s). This service is billed from Anne Arundel Gastroenterology Associates (AAGA).
- **Facility Component:** Fee for the use of the facility for the surgical procedure and service overhead, including facility staff, equipment, supplies, etc. This fee is billed from The Maryland Center for Digestive Health (MCDH) which is a certified, fully licensed ambulatory surgery center.
- **Anesthesia Fee:** The anesthesiologist/Certified Nurse Anesthetist who administers your anesthesia and monitors your airway and vital signs will bill separately for their services. This service is billed from Bestgate Anesthesia, LLC. Please note: BESTGATE ANESTHESIA IS NON-PAR WITH CIGNA AND UNITED HEALTHCARE, meaning claims will be processed using out-of-network benefits.
- **Pathology Fee (if applicable*):** If tissue is removed during your procedure, you will be billed for pathology service(s). This service is billed from AAGA, unless your insurance requires the tissue to be sent to an outside lab for interpretation, in which case you will receive a separate bill from that lab.

For insurance companies with which we are contracted (where we are considered a participating provider), we will submit claims on your behalf for the services provided. Your insurance company will send you an Explanation of Benefits explaining how your bill was paid and specify any amount for which you may be responsible. We recommend that you contact your insurance carrier for specific questions related to your Explanation of Benefits. We are happy to provide you with factual information about your care and billing to help you discuss this with them; but you are still required to pay any outstanding balance presented to you, even if your issue with the insurance company is not resolved.

INSURANCE PARTICIPATION: Our physicians participate with most healthcare plans and insurance companies. As a courtesy to our patients, we make every effort to verify your insurance benefits and secure authorization prior to your procedure. However, this is not a guarantee of payment. There is considerable variation in how claims are processed by individual insurance plans and we cannot predict how your procedure will be handled by your insurance company. We highly recommend you also contact your insurance carrier and check into your coverage for Gastroenterology services. Do not assume that you will not owe anything if you have more than one insurance policy.

If your insurance plan requires a referral, it is your responsibility to obtain a referral from your primary care physician. Referrals must be presented prior to or at the time of your procedure in order to avoid having to reschedule your appointment. REFERRALS MAY BE FAXED TO OUR BUSINESS OFFICE AT 410-224-2118.

Being referred to our clinic by another physician does not necessarily guarantee that your insurance will cover our services. Please remember that you are fully responsible for all charges incurred: your physician's referral and our verification of your insurance benefits are not a guarantee of payment.

IF YOU HAVE QUESTIONS REGARDING PARTICIPATION WITH YOUR SPECIFIC HEALTH PLAN, REFERRALS, OR PRE-AUTHORIZATION FOR YOUR PROCEDURE, PLEASE CONTACT OUR PRE-REGISTRATION DEPARTMENT AT 410-224-2116,

EXT. 3009. We are happy to assist you in obtaining the proper authorizations and pre-certifications necessary to obtain maximum benefits for your procedure.

NO INSURANCE COVERAGE: In order to make our services accessible to patients without health care coverage, we offer a significant discount for patients who have no health insurance coverage of any kind, including federal and state health care programs. Our discounted prices are comparable to the discounted rates that most private insurance plans have negotiated. In order to receive this discount, balances must be paid within 30 days of the first statement date otherwise the discount may be forfeited. If you are unable to pay the balance by the required date you should contact our office prior to the deadline and a payment plan may be offered. A missed or declined payment will result in a forfeit of the entire discount. **FOR MORE DETAILS OR TO DISCUSS YOUR PAYMENT OPTIONS IN ADVANCE, PLEASE CONTACT OUR BUSINESS OFFICE AT 443-837-2039.**

PAYMENT POLICY: All payments for applicable coinsurance, deductibles, and copayments are required at the time services are rendered and you will be billed for any amounts not covered by your health plan. Additional payment(s) may be required based on your insurance plan, your deductible, the types of services you receive, and whether or not you have an outstanding balance with AAGA or MCDH. Inability to pay at the time of service may result in having to reschedule your appointment. If you can't pay your entire bill all at once we will work with you to set up a reasonable payment plan provided your account is in good standing.

Patient payments will be applied to the oldest balance first. In the event that your account has a credit for one affiliate of AAGA and a deficit for another, we reserve the right to transfer credits to any outstanding balance prior to issuing a refund. Credit balances greater than \$50 will be automatically refunded. Credit balances less than \$50 will remain as a credit on the patient's account or refunded upon request. Refunds will be made in the same manner as the original payment. Payments made by cash or check will be refunded by check. Credit card payments will be refunded back to the original credit card presented at the time of payment. Refund processing time can take up to eight weeks.

If you are unable to keep your appointment, please notify our office at 410-224-2116 at least 3 business DAYS prior to your scheduled appointment. Late cancellations, missed appointments, returned payments, and collection fees incurred by use of an outside collection agency, are subject to the following charges:

- Missed appointment or late cancellation: \$50 for an office visit and \$200 for a procedure
- Returned payment: \$25 per transaction

BAD DEBT POLICY: If you call us to schedule an appointment or procedure and your account shows an unpaid balance with AAGA/MCDH, you can speak with one of our billing representatives. Once your account is satisfied you will be able to continue the scheduling process. If your account is past due, we'd like to talk through options with you.

Disclaimer: The information contained on this form is general medical information. If you have any questions or concerns about your medical condition, please contact your provider. No statement made is intended to recommend specific medical care.