

The Gastroenterology Group, Inc.
570 White Pond Drive Suite 200
Akron, Ohio 44320
(330) 869-0954

Financial Policy

Co-Payments:

Co-payments are to be paid at the time of service, in accordance with your health insurance policy.

Account Balances:

Your balance is due in full upon receipt of your monthly statement. This includes co-insurance, deductible, and other services not covered by your insurance policy. If you are having difficulty paying your balance in full, please call our billing office to make payment arrangements.

Failure to make your payment in a timely manner may result in having your account turned over to a collection agency. If your account is sent to a collection agency, it may appear on your credit report and your healthcare services provided by our office may be terminated.

Self Pay Patients:

If you do not have health insurance, payment in full is expected at the time of service. If you need to make payment arrangements, please ask to speak with our billing department.

Procedures:

If you have a procedure done, (for example a colonoscopy) you may receive a statement from the doctor and also a statement from the facility where the procedure is performed. If a specimen is taken for biopsy, this may result in a third statement from the pathology lab.

Please keep in mind that not all services are covered by all insurance contracts. If you have any questions about your insurance plan, do not hesitate to ask us. Also you can call your insurance company to discuss your specific plan and coverage.

We understand that insurance can sometimes be challenging to understand and are happy to assist you with this. Also if you feel that you have a special circumstance, we are available to review you situation and discuss the options available.

Please sign below to signify your receipt and understanding of this policy.

Patient (or Responsible person)

Date