

Gastroenterology Associates

Gastroenterology and Hepatology

olygastro.com

FINANCIAL POLICY

The following disclosures are made in compliance with the Federal Truth in Lending Law.

Dear Patient,

We would like to share the following information about our financial policy with you. This reviews your responsibility regarding charges for services rendered by one of our providers. All balances are payable and due in full within 16 days from the date the statement is mailed.

If you require payment arrangements, please contact one of our Benefits Coordinators at 360-413-8921. Payment plans are approved on a temporary basis and are re-evaluated every three months.

New Patient Fees:

New patients may be charged a higher fee on their first visit to cover the costs associated with establishing care with their provider's practice. A new patient is one who has not received any professional service from a GA provider within the past three years (36 months). Subsequent visits at the same level of care will be charged at a lesser fee. If you have any questions concerning the fee you have been charged, please contact our Patient Services Specialist at 1-866-410-6056.

Returned Check Charge:

An additional fee of \$25.00 will be charged to your account for all NSF (Non-Sufficient Funds) checks.

Payment Policies for Services Provided to Patients:

- 1) All patients must provide current copies of their insurance cards, showing policy and identification numbers. This includes all Medicaid state plans. We will bill any of our contracted insurance(s) when you provide us with this information as well as your billing address. Also, we are a participating provider with Medicare and will bill them directly. We accept assignment on Medicare claims. You are responsible for the following based on your agreement with your insurance provider:
 - Annual deductibles
 - Co-payments
 - Co-payment is due at the time of your appointment. Co-payments not made on day of appointment are subject to a \$15.00 fee.
 - Coinsurance
 - Charges for non-covered services
- 2) Our Benefits Coordinators will verify your insurance coverage before your appointment with one of our providers. If we have provided you an estimate of your overall potential cost, it is based on the information we have in your medical record before your procedure and is only an estimate as we cannot control how your insurance company processes the charges once submitted.
- 3) If an out of pocket expense is required, payment must be received at least 3 business days prior to your procedure. You may pay by calling in your credit card information to our office at 360-413-8250 or by mailing a check to our PO Box listed at bottom of this notice.

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- 4) Please check with your insurance carrier to verify any tests and/or labs ordered are a covered benefit with your plan. An order from our provider does not guarantee it is a covered service with your insurance plan.
- 5) For patients who have no insurance coverage we require:
 - For office visits:
 - A partial pre-payment of \$100 is required and must be paid on the day of your appointment.
 - We will give you a total charge immediately following your appointment. If the total charge is paid in full at your appointment, we will give you a 10% discount.
 - Any remaining balance is due in full 16 days after the date your statement is mailed.
 - For procedures:
 - A partial pre-payment of \$500 is required and must be received at least 3 business days prior to your procedure. Call in your payment to 360-413-8250.
 - If the total estimated charge is paid in full *before* your procedure, we will give you a 15% discount.
 - Any remaining balance is due in full 16 days after the date your statement is mailed.

**Payments for services after 1-1-2020 may be called in to 360-413-8250
or mailed to one of the following addresses:**

For all professional (provider) services:

Gastroenterology Associates
PO Box 11970
Olympia, WA 98508-1970

For Gastroenterology Associates Endoscopy Center facility charges:

Gastroenterology Associates Endoscopy Center
PO Box 13019
Olympia, WA 98508-3019

Thank you for your time regarding this financial policy. At Gastroenterology Associates we strive to provide excellent patient care and customer service. Your relationship with our practice is greatly appreciated.