

# D I G E S T I V E   H E A L T H   C L I N I C ,   L L C

## I D A H O   E N D O S C O P Y   C E N T E R ,   L L C

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### PATIENT PAYMENT/CREDIT FINANCIAL POLICY

The physicians of Digestive Health Clinic, LLC and Idaho Endoscopy Center, LLC are the owners of the clinic and endoscopy center. It is our policy to provide the finest quality and most effective medical care available. In order to do this, we must be sensitive to cost containment and utilize good practice management techniques. It is important for you to understand the charges that will be involved with your care and the payment of your bill is considered part of your treatment. The following is a statement of our Financial Policy which, we require you to read and sign. This will remain in effect for all services rendered during your time as a patient of Digestive Health Clinic LLC and Idaho Endoscopy Center, LLC. If you have other questions about billing or insurance, please call 489-1836 on Monday - Friday between 9:00 a.m. and 5:00 p.m.

**PAYMENT:** Payment is expected at the time of your visit. For your convenience, we accept cash, check or credit card. All co-pays and past due balance are due at the time of check-in unless previous arrangements have been made with our Patient Accounts Representative.

**INSURANCE:** Insurance is a contract between you and your insurance company. It is your responsibility to know if our office is participating with your plan. We will bill your primary and secondary insurance whenever possible. In order to properly bill your insurance company we require that you disclose all insurance information including primary and secondary insurance, as well as any change of insurance information. Although we may estimate what your insurance company may pay, it is the insurance company that makes the final determination of your eligibility and benefits. If your insurance company is contracted with us, you agree to pay the balances not covered by your insurance company. If we are out of network with your insurance company and your insurance pays you directly, you are responsible for payment in full and agree to forward any payment you receive from your insurance company to us immediately.

**SELF- PAY ACCOUNTS:** Self-pay accounts are patients without insurance coverage or patients who do not have an insurance card on file with us. Liability cases will also be considered self-pay accounts. If there is a discrepancy with our information, the patient will be considered self-pay until additional information is provided to us. Patients will be required to bring in an agreed upon down payment at the initial appointment and will be asked to make payment arrangements for the balance. Please ask to speak with a Patient Account Representative to discuss a mutually agreeable payment plan. A financial questionnaire must be completed and approved before we can accept payment arrangements under \$50 a month. It is never our intention to cause hardship to our patients, only to provide them with the best care possible and the least amount of stress.

**CREDIT:** We will extend interest-free credit for a total of sixty (60) days from the date of receiving the medical service, in order to allow time for filing of insurance. Amounts due beyond sixty (60) days may be charged 1% interest each month finance charge (12% per annum).

**ENDOSCOPY CENTER CHARGE:** A facility charge will be made for each procedure performed in the Idaho Endoscopy Center, LLC (IEC). This fee covers the room charge, equipment, nursing, routine medications and supplies.

**PROVIDER CHARGES FOR PROCEDURE:** The physician will charge a professional fee for each procedure performed. The professional fee is the same amount regardless of the facility in which the procedure is performed.

**BIOPSIES:** You will receive a separate bill from the hospital, the pathologist and/or us if biopsies are taken. Although we only perform procedures when we feel that there are valid indications, it is possible that insurance companies may not recognize the indications for the procedure and subsequently deny payment.

**FOLLOW-UP VISITS:** Subsequent office follow-up visits will be billed separately if you return to discuss results of the evaluation or treatment.

**CHARGES FOR SPECIFIC PROCEDURES:** It is difficult to predict exact charges for procedures since the cost will depend upon what the physician finds at the time of the procedure. The cost of the procedure will vary depending on several factors; the findings during the procedure, the need for additional procedures such as dilation, biopsy, or removal of polyps.

All of these will increase the charges for the procedure. We can provide you estimates of expected charges for your procedure, but realize that these are only estimates and the final charge will be based on the procedure performed.

**MISSED APPOINTMENT POLICY:** We require a 24 hour advanced notice if you are unable to make your appointment. If an appointment is not cancelled at least 24 hours in advance, you will be charged a fifty dollar (\$50) fee for office visits or a one hundred dollar (\$100) fee for procedures; this will not be covered by your insurance company.

**AUTHORIZATION:** Most insurance companies recognize Digestive Health Clinic, LLC and Idaho Endoscopy Center, LLC and will pay according to your policy. The exact amount covered will depend upon your policy and whether you have met the deductible. It is especially important to be certain that any required pre-authorization has been obtained. If there are any concerns about your insurance coverage, please discuss them with the Patient Accounts Representative prior to the procedure.

**COLLECTIONS:** It is the policy of this office to help work out payment terms according to our patient's financial needs. Patients who have larger bills due to multiple health issues or hospitalization and are unable to make full payment of their bill should contact our Patient Accounts Representative as soon as possible. All past due accounts will be sent two statements. If payment is not made on the account, a single phone call will be made to make payment arrangements. If no resolution can be reached, the account will be sent to a collection agency or attorney, and the patient may be discharge from the practice. If patients do not discuss payment with the Patient Accounts Representative or make an honest attempt to pay their bill in a timely fashion or according to terms agreed upon, then accounts will be turned to a collection agency no later than one hundred twenty (120) days from the date of service. Any costs incurred in collection of accounts will be added to the account.

**STATEMENTS:** If you are a self-pay patient or dependent with a balance owing you will be expected to pay the balance due. If you have insurances and they have fulfilled their financial responsibility you will receive a monthly Patient Statement with both the facility charge and provider charge when your procedure is done at the Idaho Endoscopy Center, LLC, showing the amount owed for the visit. Both charges may reflect the same procedure code performed. If you cannot pay your patient balance in full, it may be possible to establish a payment plan. The term and payment amount is determined by the amount owed. Our Patient Accounts Representative can assist you in establishing a payment plan.

**COLONOSCOPY PROCEDURES:** At the Digestive Health Clinic, we strive to provide the best quality of care possible. As part of our commitment to you, we want to be sure that you have the opportunity to fully understand your insurance benefits. Insurance rules are often complicated, and can vary greatly from company to company. You may or may not be eligible for screening colonoscopy benefits based on your individual policy. The reason that you are coming for the procedure and the procedure's outcome can affect your benefits as well. If a physician orders the procedure due to symptoms (a pre-existing medical condition, or concern), these procedures **are typically not** considered routine screenings and may be treated differently by your insurance company and in some cases not paid at the Federal Reform benefit level of 100%. We would therefore strongly recommend that you contact your insurance company *before* your scheduled procedure to disclose your full medical status, including most importantly current symptoms (if any), past personal history, family history, and the reason for your procedure being scheduled. You may also want to ask if there are any other factors or procedure results (such as polyp removal) that may affect your benefits. Your insurance company may have information on their website that would assist you in understanding your out-of- pocket costs.

I understand that regardless of how my insurance company processes my claim, I am financially responsible to Digestive Health Clinic, LLC and Idaho Endoscopy Center, LLC for charges that my insurance company determines to be my responsibility. I have read and understand the practice's financial policy and I agree to be bound by its terms. I also understand and agree that such terms may be amended by the practice from time to time.

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Patient Signature

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Print Name

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Date of Birth

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Today's Date

[www.digestivehealthclinic.com](http://www.digestivehealthclinic.com)

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