

# 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 AGREEMENT

The physicians of Digestive Health Clinic, LLC (DHC) are the owners of dba Nampa Digestive Health Clinic (NDHC), Idaho Endoscopy Center, LLC (IEC), and dba Nampa Idaho Endoscopy Center (NIEC). 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 DHC, NDHC, IEC and NIEC. If you have other questions about billing or insurance, please call our Patient Accounts Representative at 208-489-1836 Monday through Friday between 8:30 a.m. and 4:30 p.m.

**INSURANCE:** Your medical insurance policy is a contract between you and your insurance carrier and DHC is not a party to that contract. As a result, your coverage and responsibilities are determined by your policy and you are responsible for understanding and following their required procedures. On your behalf, we will submit all claims for our services with your primary and secondary insurance providers. It is your responsibility to provide us with sufficient, accurate, and up-to-date insurance information. If there is a discrepancy with the information you provide us, you will be considered self-pay until this information is supplied. If your insurance company does not submit payment, you are liable for your account balance and we will request immediate payment from you. It is your responsibility to contact your insurance carrier with any questions and to respond to any inquiries from them in a timely manner. In some instances, even though we file the claim on your behalf, your insurance company may send the payment directly to you. If you receive a payment directly from your insurance company, you hereby agree to immediately forward the payment to DHC. It is your responsibility to know if our office is participating with your plan. 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. **REFERRALS:** You are required to 1) know whether or not your insurance requires a referral and 2) obtain that referral before you are scheduled to see our physicians. Referrals typically have an expiration date and a limited number of visits so you should be careful to monitor the dates and number of visits.

**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 your insurance to process the claim. Amounts due beyond sixty (60) days may be charged 1% interest each month as a finance charge (12% per annum).

**SELF- PAY ACCOUNTS:** If you do not have insurance coverage you will be expected to pay the total charges prior to the services being rendered, otherwise your appointment may be postponed. If you are having a procedure, it may or may not include pathology charges. If you are unable to pay the charges at the time of service, please contact our office prior to service being rendered to make payment arrangements. A financial questionnaire with supporting documentation 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.

**PAYMENT RESPONSIBILITY:** Payment is expected at the time of your visit. 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. For your convenience, we accept payment by cash, check, credit card and CareCredit. We also offer payment via InstaMed, a secure payment portal located on our website [digestivehealthclinic.com](http://digestivehealthclinic.com).

**ENDOSCOPY CENTER CHARGE:** A facility charge using the same codes as the physician will be billed for each procedure performed in the Idaho Endoscopy Center, LLC (IEC) and Nampa Idaho Endoscopy Center (NIEC). These fees cover the room charge, equipment, nursing, routine medications and supplies utilized during your procedure.

**HOSPITAL CHARGE:** When the procedure is performed at a hospital, facility charges will be billed to you by the hospital for the use of their facility.

**PROVIDER CHARGES FOR PROCEDURE:** The provider will charge a professional fee for each procedure regardless of the facility in which the procedure is performed. If sedation is administered for the procedure, the physician will also charge a sedation fee.

**BIOPSIES:** You will receive a separate bill from the hospital, the pathologist and/or DHC if biopsies are taken. Although we only perform biopsy 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 visits will be billed separately if you return to DHC and/or NDHC.

**CHARGES FOR SPECIFIC PROCEDURES:** It is difficult to predict exact charges for procedures since the cost depends 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: for example, dilation, biopsy, removal of polyps etc. 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:** We require 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 may 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 (DHC), dba Nampa Digestive Health Clinic (NDHC), Idaho Endoscopy Center, LLC (IEC), and dba Nampa Idaho Endoscopy Center (NIEC) and will pay according to your policy. The exact amount covered will depend upon your policy. 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 our 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 balances 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 you may be discharged from the practice. If you do not discuss payment arrangements with the Patient Accounts Representative or make an honest attempt to pay your bill in a timely fashion or according to terms agreed upon, accounts will be turned to a collection agency no later than one hundred twenty (120) days from the date of service. Any fees incurred while in collection, will be added to the account.

**STATEMENTS:** We will send you a monthly itemized billing statement listing each service provided, showing the balance owed. Statement balances are due upon receipt. The statement will include line items for the *physician service* as well as our *facility service*; they will each use the same codes for the procedures that are performed. If you are unable to pay your statement 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:** 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, dba Nampa Digestive Health Clinic, Idaho Endoscopy Center, LLC, and dba Nampa Idaho Endoscopy Center for charges that my insurance company determines to be my responsibility. I have read and understand the practice's financial agreement 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

Print Name

Date of Birth

Today's Date