

Thank you for choosing Digestive Health Clinic, LLC (DHC) dba Nampa Digestive Health Clinic (NDHC) and/or Idaho Endoscopy Center, LLC (IEC), dba Nampa Idaho Endoscopy Center (NIEC) for your healthcare needs. We are committed to providing quality care and services to all of our patients. It is your responsibility to understand this financial policy prior to any treatment.

- You will need to provide us with current and accurate insurance information, including any updates or changes in coverage. Should you fail to provide this information, you will be financially responsible.
- It is your responsibility to know your own insurance benefits. Please check with your carrier for (1) any referral or pre-authorization requirement, (2) if we are an in-network provider, and (3) any exclusions in your insurance policy. Our financial office will attempt to confirm your insurance coverage and obtain a referral or pre-authorization if your plan requires one. If you choose to be seen prior to receiving the referral or authorization, your insurance may not pay for your appointment.
- If we have a contract with your insurance company, we will bill your insurance company first and then bill you the remaining amount that your insurance carrier has determined to be your responsibility. If we do not contract with your insurance company, you will be expected to pay for all services rendered once you receive your statement.
- Proof of insurance and photo ID are required from all patients. We will ask to scan your ID and insurance card for our records. Providing a copy of your insurance card does not confirm that your coverage is effective or that the services rendered will be covered by your insurance company.
- Please understand that payment of your bill is considered part of your treatment. Deposit/co-pays and previous account balances are expected at the time of your visit. We accept cash, check, credit cards and Care Credit. Payment and payment plans can be made via InstaMed, a secure payment portal located on our website www.digestivehealthclinic.com.
- Your balance is due and payable within 30 days from your first statement, unless you have contacted our financial office at (208-489-1836) Monday through Friday 9am to 4:30pm to make payment arrangements. Your statement will include line items for the physician services as well as the facility services. Facility services include the room charge, equipment, nursing, routine medications, and supplies utilized during your procedure. You may also receive a separate bill from the pathologist. If your procedure is performed in the hospital you will receive a separate hospital bill and possibly an anesthesia bill.
- A \$35.00 charge will be added to your account for any check returned by your bank for any reason. This will be in addition to charges made by your bank.
- We utilize a collection agency for past due/unpaid accounts. If there are any issues with your account, please contact our office with questions and/or concerns.
- Our office reserves the right to charge patients that do not provide us with a 24 hour advance notification in cancelling or rescheduling their appointment. Our policy is to charge \$50.00 for missed office visits and \$100 for missed procedures and you may not be permitted to reschedule your appointment until the fee is paid.