



Financial Policy

It is the policy of Salem Gastroenterology Consultants, PC to have a Financial Policy that clearly outlines patient and practice financial responsibilities. We are committed to providing our patients with the best possible medical care and also minimizing administrative costs. This Financial Policy has been established with these objectives in mind, and to avoid any misunderstanding or disagreement concerning payment for professional services.

- ◆ Your insurance may or may not cover the cost of your office visits, tests, procedures, or facility fees. Non-covered and out-of-network services are the responsibility of the insured.
- ◆ Patients are required to pay co-payments at the time of visit.
- ◆ If you are having a procedure, you will receive a separate bill from the facility where the services are performed (Salem Endoscopy Center, LLC or Salem Hospital).
- ◆ Payment for professional services can be made with cash, check, or accepted credit card.
- ◆ A service charge of \$25.00 will be assessed for all checks returned by your bank for non-sufficient funds or written on a closed account.
- ◆ All patient balances are required to be paid within 45 days of billing statement.
- ◆ If our billing department is working on an insurance dispute, on the patient's behalf, the patient will be financially responsible until such dispute is settled.
- ◆ If you are unable to pay for necessary medical care, you may be eligible for financial assistance. It is the patient's responsibility to contact our billing office to make payment arrangements in advance.
- ◆ Our billing department is happy to help with insurance questions relating to how a claim was filed, or regarding any additional information the carrier might need to process the claim. Specific coverage issues, however, can only be addressed by the insurance company's membership services department (The phone number is usually printed on the insurance card).
- ◆ The billing department will process patients secondary insurances, however, any unpaid balances 60 days after the primary insurance has paid will become the patient's responsibility. Secondary insurance claims are filed as a courtesy to our patients but ultimately are the patient's responsibility.
- ◆ It is the patient's responsibility to provide us with current insurance information and to bring their insurance card (s) to each visit. The patient will be financially responsible for any services received where we have incorrect or outdated insurance information.

(over)

- ◆ If a patient has an insurance plan in which we do not participate or is out-of-network our office will file the claim on the patient's behalf; however payment is usually at a lower percentage than an in-network provider. The difference is the patient's responsibility.
- ◆ Our providers are participants with numerous insurance companies and managed health care programs. The patient should never assume because they were referred to our physicians that we are in their network. It is the patient's responsibility to check with their insurance company prior to the visit.
- ◆ It is the patient's responsibility to ensure that any required referrals for treatment are provided to the practice prior to the visit. Visits may be rescheduled, or the patient may be asked to sign a disclaimer indicating you will be financially responsible due to lack of referral.
- ◆ Obtaining information, such as a Social Security Number, place of employment, driver's license number, spouse's date of birth has nothing to do with HIPAA. It does relate to the extension of credit. Unless the patient is paying for the service in full at the time of treatment, Salem Gastroenterology becomes the creditor and in granting unsecured credit. This information is sometimes required by your insurance carrier for proper payment. If you are unable to provide the required information payment in full at the time of visit may be required.
- ◆ Patients should not ask this clinic/provider to change a diagnosis code solely for the purpose of securing reimbursement from any insurance carrier. This is considered inappropriate and may result in a fraudulent act (s).
- ◆ Payment refunds are processed with 45 days of incident. Overpayments are sometimes held over for a future visit. If you feel a refund is due for overpayment please contact our billing office. Refunds under \$10 are only processed at the patient's request.
- ◆ All unpaid balances after 90 days will be considered in default, this could result in the patient's account being turned over to a collection agency. In the event the patient does not pay for the services provided to them, they agree to pay all costs of collection, including reasonable attorney fees, whether or not a lawsuit is commenced or part of the collection process.
- ◆ Our office does not bill workman's compensation claims. These visits will be considered "private pay".
- ◆ Private pay patients are required to bring a \$100.00 deposit to their initial visit and a \$50 deposit for each follow-up visit. Private pay patients receive a 25% cash discount from our regular office visit prices.
- ◆ Patients who are on a *monthly payment plan* must make monthly payments as agreed or have special arrangement made with our billing department. Payments not received according to the plan will be considered in default and appropriate collection steps could be taken.