

## **Birmingham Gastroenterology Associates Financial Policy**

### **Co-Pays**

The patient is expected to present the insurance card at each visit. All co-payments and past due balances are due and payable at the time of service. Any balance past due for 30 days will incur late fees and are subject for collection.

### **Self-Pay Accounts**

Self-pay accounts are patients who are covered by carriers that the practice does not participate in, patients without an insurance card on file or at the time of service or patients who have not met their deductible. It is expected that payment is required at the time of service for all services including surgeries.

### **Extended Payments Arrangements**

For procedures exceeding \$250.00: 75% of the total fee from an office visit is to be paid at the time of service or 50% of the total fee for a surgical procedure is to be paid prior to the procedure. The remaining balance is to be paid over the next three months in equal monthly payments due by the 15th of every month. Payments that exceed 30 days will incur late fees and are subject for collection. Patients who fail to make a monthly payment will be sent to a collection agency.

### **Non-Participating Insurance Accounts**

The financial obligations of patients who are insured by carriers that the practice does not participate are considered a Self-Pay Account. The insurance company will be billed as a courtesy to the patient. If payment is received for an account that is previously paid, the patient will receive a refund.

### **Checks Received "Paid In Full"**

The balance on the patient statement does not reflect charges pending with insurance carriers. Therefore, it is the policy of this practice not to accept check marked "Paid In Full".

### **Patient Refunds**

The following criteria must be met prior to issuing a patient refund: The patient has not been seen in the office for 90 days; there is no outstanding insurance claims on the patient's account.

### **Divorce Cases**

In case of divorce, the individual who receives the care is responsible for payments of co-pays, co-insurance and nonparticipating insurance balances at the time of service. We will not bill a divorced spouse for the patient's services.

### **Child Custody Cases**

The parent with primary custody is usually the parent with whom the child lives with and who usually brings the child to the office for care. Therefore, the parent with custody is also responsible for payment at the time of service whether the account is considered self-pay, participating insurance or non-participating insurance. If the non-custodial parent carries the insurance on the child, we will bill that insurance company. We do not get involved with the specifics of the divorce, such as, one parent pays 80% and the other pays 20%. It is the obligation of the parents to work out this agreement among themselves or with the court system.

### **Referrals**

If your insurance has designated a primary care physician (PCP), you are required to have prior authorization from your PCP prior to your office visit. If this authorization is not provided, you will be asked to either reschedule your appointment or pay for your visit at the time of service. It is our hope that the above financial policy will allow us to provide quality care to our valued patients. If you have any questions or need clarification of any of the above policies, please do not hesitate to contact our business office.

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**Patient Signature / Date**