

## COLRECTAL CONSULTANTS- OFFICE POLICY

**INSURANCE:** We can only provide you with service as long as you carry active medical insurance. For your convenience, we file medical claims with insurance plans with which we have an agreement, as long as valid insurance information is provided to us. It is your responsibility to provide us with accurate and detailed insurance information to enable processing of your insurance claim. You are also responsible to notify us of any insurance changes when scheduling appointments.

Insurance policies are an agreement between you and your insurance company, hence I expect you to know your insurance benefits including applicable deductibles, coinsurance, and co-payments. All account balances are your responsibility and will be due at the time of service.

**PAYMENTS:** Acceptable forms of payment include **cash, Visa, Mastercard, Discover, and American Express.** We do not accept personal checks.

**BILLING:** Should you receive a bill, we expect prompt payment of all balances due. Failure to do so will place your account in collection status. You will then be discharged from our practice and barred from receiving any additional services from us. Any balance assigned to a collection agency will be assessed a 25% fee to offset the recovery expense.

**CANCELLATIONS/FEES:** If you are unable to keep a scheduled appointment or procedure, it is your responsibility to notify our office at least 24-hours prior to the scheduled appointment. If you cancel or reschedule an office visit more than two times without notifying our office at least 24 hours in advance, you will be released from our practice and will no longer be able to provide care for you.

### **Surgery Cancellation/Reschedule**

If you are scheduled for a procedure or surgery and you need to reschedule or cancel less than 24 hours before your scheduled procedure, you may be subject to a \$50.00 rescheduling fee.

### **Medical Records**

When requesting copies of your medical records, please allow 48-72 business hours to process. Records must be picked up in the office and cannot be faxed or e-mailed.

**ADDITIONAL FEES:** There are additional fees for copies of medical records and for physicians completing paperwork such as Disability or FMLA forms. These fees are not covered by insurance and become your responsibility.

**REFERRALS/AUTHORIZATIONS:** It is your responsibility to obtain a referral from your primary care physician prior to the scheduled visit if a referral is required by your insurance company to see a specialist. If a referral is not obtained when required by your insurance company, you accept full financial responsibility for all services rendered.

**RELEASE OF INFORMATION:** I hereby authorize ColoRectal Consultants to release information to my insurance company with regard to all treatment as is necessary to obtain payment for services and to review activity related to the provider's participation with my insurance plan. I assign all benefits, to which the patient or insured is entitled, for my treatment and medical services provided to me, to be paid directly to ColoRectal Consultants or its designee. I accept financial responsibility for any and all charges incurred by me that are denied or not covered by my medical insurance. I acknowledge I am bound to pay for services rendered, including all costs of collection and reasonable legal fees should collection become necessary. I have read and understand this Financial Policy, and by signing am in agreement and accept all terms and conditions described above.

*I have read, understand, and agree to the above office policies.*

Patient or legally authorized individual signature: \_\_\_\_\_ Date: \_\_\_\_\_