

# Michiana Gastroenterology, Inc.

## Financial Policy

We are committed to providing you with the best possible medical care. We are available to work with you if you have special financial needs. The following information is provided to avoid any misunderstanding or disagreement concerning payment for professional services.

Our office participates in a variety of insurance plans. **It is your responsibility to:**

- ❖ **Bring your insurance card to every visit.**
- ❖ **Obtain the necessary physician referral and pay all office fees at time of service.**
- ❖ **Remit payment for medical care not covered under your insurance (deductibles, co-pays, non-covered services, administration fee, etc.) at time of service.**
- ❖ **Be prepared to pay your co-pay at each visit.** Payment may be made by cash, check, or credit card.
- ❖ **All fees will be collected at time of service.**
- ❖ **Insured patients must pay co-pays and deductibles at time of service.** If you do not know your responsible amount - **payment in full** will be required.
- ❖ **Medicare patients must pay their 20%** (If you do not have supplemental insurance) **at time of visit.**
- ❖ **Make your scheduled appointments: if you do not call prior to your scheduled OFFICE appointment to reschedule or cancel, you will be assessed a \$50 NO SHOW fee for that missed OFFICE appointment.**
- ❖ **Missed or late cancel for procedures: if you do not call 72 HOURS prior to your scheduled PROCEDURE appointment to reschedule or cancel, you will be assessed a \$100 LATE CANCEL / NO SHOW fee for that PROCEDURE appointment.**

**If you do not have payment at time of service, your appointment will be re-scheduled.**

If we do not participate in your insurance program, our office is happy to file the claim; however, payment in full is expected from you within thirty days.

For patients under the age of 18 a parent or guardian must accompany them and sign below (exception: patients seventeen years and younger declared emancipated minors). It is the parent or guardian's responsibility to bring the necessary referrals and insurance cards and to make any payment due at time of service.

Our charges are determined by what is usual and customary in your area. **You are responsible for payment regardless of any insurance company's arbitrary determination of usual and customary rates.**

If you have any questions about your insurance, we are happy to help. Specific coverage issues, however, should be directed to your insurance company's member services department (the number is on your insurance card).

Our practice firmly believes that a good physician/patient relationship is based upon understanding and communication. Questions about financial arrangements should be directed to the Billing Office. The office may be reached by dialing (574)234-0049 ext. 308, 319 or 249.

Please sign below to indicate that you have read and agree to this Financial Policy and Collection policy on the next page.

I understand and agree to the Financial Policy and Collection policy

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Signature of Patient or Responsible Party

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Date

# Collection Policy

Michiana Gastroenterology, Inc. is a for profit business that desires to keep its financial situation solvent. In addition, it desires to have a collection policy that is patient friendly because MGI desires to operate at a reasonable cost and because MGI participates in contracted health plan programs. We will make every effort to collect all co-pays and deductibles due.

Accounts that have amounts due over ninety days will be charged to credit card information patients have authorized. Patients will be notified before a charge is assessed.

Accounts that remain unpaid after ninety days will enter the collection work cycle. Accounts that remain unpaid after this work cycle will be referred to the business manager for outside collection consideration.

I understand I am financially responsible for any balance not covered by my insurance carrier. I also agree that if Michiana Gastroenterology, Inc. employs an attorney to assist in the collection of any sums from me for services rendered, that I will pay the reasonable fees of such attorney and all court costs and expenses related thereto to the extent permitted by law. A copy of this signature shall be as valid as the original.

Accounts will be reviewed for write-off if patients provide MGI with financial information that asserts the payment of the MGI bill presents a financial hardship. Accounts will be written off to bad debt if the amount is less than \$10.00.

All financial types will be reviewed for outside collection consideration.

It is the intent of MGI to comply with all government and private compliance in billing regulations.

Accounts will be adjusted off the active AR at the time they are placed in collection. Patient accounts will be noted when they have been turned over to an outside agency. Patients wishing to re-establish at MGI will be asked to pay the old account in full and current services will be considered only if current insurance is verified and all co-pays and deductibles are paid in advance. Please note this requirement can be waived if medical necessity warrants. The Administrator will document the waiver request securing signature from the scheduling physician.