

FINANCIAL POLICY

Gastroenterology Specialists of Gwinnett, PC
Northeast Endoscopy Center, LLC
GSG Anesthesia, LLC

Our goal is to maintain a positive and professional physician–patient relationship. Clear communication helps us achieve that goal, so please review our financial policy carefully. If you have any questions, our staff will be happy to assist you.

Insurance and Payment Responsibilities

- **Check-in:** Upon arrival, please sign in at the front desk and present your current insurance card(s). We will file your insurance claim as a courtesy; however, it is your responsibility to provide accurate and up-to-date insurance information. If you have secondary insurance, please present that card at the same time.
- **Understanding Your Coverage:** We cannot guarantee payment by your insurance company. It is your responsibility to understand your benefit plan and coverage details, know whether your plan requires a referral or prior authorization, and confirm which services are covered. Any service not covered by your plan will be your financial responsibility.

Procedure Estimates and Payments

- You will receive a courtesy call from our billing department prior to your procedure to review your benefits and estimated costs.
- Please note: these are estimates only and do not include separate anesthesia and/or pathology charges.
- All estimated payments (including copays, deductibles, and non-covered amounts) are due no later than two (2) business days before your procedure.
- If you need to cancel or reschedule, please notify us at least three (3) business days before your appointment to avoid a \$100 cancellation fee.

Office Visits and Balances

- **In-network insurance:** Copays are due at the time of service.
- **Out-of-network or self-pay:** Payment in full is due at the time of your visit.
- **Outstanding balances:** Any prior balance must be paid before your next scheduled appointment.
- Once your insurance has processed your claim, any remaining balance will be billed immediately.
- Payment arrangements must be approved in writing by our business office.

Cancellations, No-Shows, and Late Arrivals

- We require at least 24 hours' notice to cancel or reschedule an office visit.
- A \$30 fee will be charged for:
 - Office visits cancelled with less than 24 hours' notice,
 - No-shows (missed appointments without notice), and
 - Late check-ins more than 15 minutes past your scheduled time.
- Repeated late arrivals or missed appointments may result in dismissal from the practice.

Credit Balances

If, after your insurance company has processed your claim, a credit balance is created on your account, we will first apply the credit toward any open balances with any of the following entities:

- Gastroenterology Specialists of Gwinnett, PC
- Northeast Endoscopy Center, LLC
- GSG Anesthesia, LLC

If a credit or debit card was used for payment, any refund due will be issued back to the original card. For payments made by cash or check, refunds will be issued in the form of a check.

Returned Checks and Collections

- A \$30 fee will be charged for any returned checks due to insufficient funds.
- Accounts sent to collections will incur an additional 30% collection fee or a minimum of \$30, whichever is greater.

Procedure Cancellation Policy

- A minimum of 72 hours (3 business days) notice is required to cancel a procedure.
- A \$100 cancellation fee will apply if proper notice is not given.
(Please note that weekends do not count toward the three business days.)

Printed Patient Name: _____

Patient Signature: _____

Date: _____