



Gastroenterology Associates of Fredericksburg

Policies and Procedures Agreement

Patient Information and Insurance Cards: Please bring a valid photo ID and all health insurance cards with you to each visit. You will be asked to verify your personal and insurance information at each visit. If we are unable to verify your identity and/or insurance coverage prior to services being provided your account will be set up as uninsured and payment in full will be expected at the time of service, or you will be given the option of rescheduling.

It is important that you understand your insurance coverage. Please be sure to check with your carrier or employer regarding your copay, coinsurance or deductible responsibilities. Services requiring a referral must have a valid referral on file at our office. If we do not have a valid referral your appointment will be rescheduled unless you choose to pay at the time of service.

Copays/Coinsurance/Account Balances: All payments are due at the time of service. Outstanding account balances must be resolved prior to additional services being rendered.

Late Policy: Every effort is made to keep our physicians' schedules on time; therefore if you are more than **15** minutes late we cannot guarantee that you will be seen immediately, but we will do our best to work you in to the schedule as time permits. If all the providers' schedules are full you may be asked to reschedule your appointment to a later date.

Missed/Cancelled Appointments & Procedures: Every effort is made to accommodate our patients' requests for appointment and procedure dates/times; therefore, it is important that you make every effort to keep your scheduled appointments. No shows and appointments for office visits cancelled within 24 hours will be subject to a fee of **\$50**. Cancellation of a scheduled procedure, for any non-medical reason, within 48 hours will also be subject to a **\$100** cancellation fee. To cancel an office visit or procedure please call our office at 540-371-7600. **Please be advised that multiple missed appointments may result in dismissal from our practice.**

Transferring of Records: All patients must sign a records release form to have their records copied or to send them to another provider or organization. Copies will be provided to the patient for a **\$10.00** administrative fee PLUS **\$0.50** per page up to 50 pages and **\$0.25** per page thereafter for paper record. There is no fee to transfer records directly to another provider or organization.

Payment for Services for Patients without Insurance: You will be responsible for payment by cash, check or credit card on the day of service. On bills with extensive procedures and with approval of our billing department, you may set up a payment plan with our office. Patients who do not comply with established payment plans or who do not resolve outstanding balances within three statement cycles will be unable to schedule an appointment until the balance is resolved and may be dismissed from the practice.

Returned Checks: There is a **\$50.00** fee for any check returned by your bank.

Guarantee of Payment

I have read and understand all of the policies outlined above. I also understand that any responsibility for payment of medical services in this office for myself and my dependents is mine. Copays are due and payable at the time of service. Any co-insurance and/or deductible due after my insurance company processes claims for services provided is expected within 30 days of the first statement I receive.

For Medicare Patients:

I request that payment of authorized Medicare benefits be made on my behalf to Gastroenterology Associates of Fredericksburg, P.C. for any services furnished to me by their Physicians or Physician Assistants. I authorize release of medical information about me to be released to the Centers for Medicare and Medicaid Services and its agents and to my insurance company to determine these benefits or the benefits payable for related services.

PATIENT SIGNATURE _____

DATE _____

PRINTED NAME _____