

## FINANCIAL POLICIES

### 1. Insurance and Billing

We participate with most insurance plans. Please bring your insurance card and photo ID to every visit. As a courtesy, we will file claims on your behalf, but you remain responsible for payment of all services. Make sure you know your plan's requirements, including copayments, deductibles, and out-of-network coverage.

### 2. Copayments, Deductibles, Coinsurance, and Outstanding Balances

You are responsible for copays and any unmet deductible or coinsurance as determined by your insurer. We strive to verify your financial responsibility before your appointment and collect payment at the time of service; otherwise, payment is due when you receive your invoice. Unpaid balances may be sent to collections, and patients may be dismissed from the practice.

### 3. Credit Card on File Policy

Our practice requires a credit card on file to cover patient balances after insurance processes claims. Your card will only be charged for amounts such as copays, deductibles, coinsurance, or non-covered services. All card information is stored securely in compliance with HIPAA and PCI standards. Your balance will be billed to your card. A receipt will be provided for each transaction.

### 4. Self-Pay and Non-Covered Services

If you don't have insurance or your plan doesn't cover our services, you will be considered self-pay, and full payment is expected at the time of service unless other arrangements are made. You are also responsible for paying for any services not covered by your insurance plan, including those for services provided outside our practice.

### 5. Payment Methods

We accept cash, checks, debit cards, and major credit cards. Returned checks will incur a \$50 fee.

### 6. Cancellation, No-Show, and Late Arrival Policy

Office visits must be canceled or rescheduled with at least 24 business hours' notice, and endoscopy procedures must be canceled or rescheduled with at least 3 business days' notice. Missed office visits will result in a \$50 fee and missed endoscopy procedures will result in a \$500 fee; these fees are not covered by insurance. Missing two or more appointments within 12 months may lead to dismissal from the practice.

### 7. Assignment of Benefits

I authorize my insurance to pay Digestive Health Partners directly. I understand I am financially responsible for any charges not covered by insurance, including copayments, deductibles, coinsurance, and non-covered services. I also authorize Digestive Health Partners to share the information needed to process my claims.

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By signing below, you acknowledge that you have read, understand, and agree to this financial policy and assignment of benefits.

Patient Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Responsible Party Signature: \_\_\_\_\_

Today's Date: \_\_\_\_\_