



Patient Name:
MRN:
Date of Birth:

Patient Financial Responsibility Policy

Regional GI (RGI) appreciates the confidence you have shown in choosing our practice for your GI needs. We are committed to providing you with the best possible care. Your medical services require a financial responsibility on your part. Please read, sign and date. Feel free to ask any questions regarding your financial responsibility. This policy is effective for Regional GI, Mid Atlantic Endoscopy, Lancaster PA Endoscopy, and RGAL Anesthesia.

Co-Payments: Your insurance plan determines your co-pay and you are required to pay your designated co-pay at the time of service. Please be prepared to pay the co-payment and patient responsibility payments at the time of service.

Referrals: If your insurance plan requires a referral form from your Primary Care Physician, it is the patient's responsibility to bring the form with you for every appointment you have in our office. Payment for visits that are not authorized by your primary care physician will be your responsibility at time of the visit.

Self Pay: You will be considered self pay if you have no insurance coverage. A prompt payment discount is available if paid at time of service. Payment is expected at time of service unless payment arrangements have been made in advance with our Business Office. You are required to meet with our business office to determine payment options for all procedures done at the procedure center or hospitals.

Payment Plans: The Business Office will establish a payment plan for large patient balances with necessary patient documents completed. RGI will establish a reasonable monthly plan to accommodate your needs. Personal patient balances are required to be paid in full within twelve months of date of service. You can arrange monthly credit card payments with your authorization until the balance is paid in full.

Credit Cards: RGI accepts Visa, MasterCard, and Discover credit cards. You may authorize credit card payments in advance or call the Billing Office directly with payment or you can pay online from the information on your statement.

Insurance Coverage: RGI does not verify and/or guarantee benefit coverage. This is your responsibility. RGI will submit all charges to your insurance company. Insurance plans vary and we cannot predict or guarantee what part of our services will or will not be covered by your insurance. You are ultimately responsible for all medical expenses and we expect you to pay outstanding balances not covered by insurance. You are responsible for any amounts the insurance plan deems not covered (or a non-covered benefit) up to the entire amount. If your insurance changes, you are responsible to contact RGI with the new insurance or you will be billed for any outstanding charges if we are not notified in a timely fashion.

No Show Fees – RGI will charge a NO Show Fee of \$25 for office visit appointments missed without a cancellation notification and a No Show Fee of \$50.00 for procedure appointments missed without cancellation notification. Three (3) No Shows in one year may result in your dismissal from being a patient at RGI.

Child Custody Cases: The parent that signs for services or a court document specifying another responsible party will be responsible for all outstanding charges.

Returned Check Fee: Any returned check from the bank for non-payment (insufficient funds, closed acct, etc.) shall result in the patient's account being charged a \$25.00 fee per check returned.

Charges from other providers: For procedures you may receive a bill from the following: Physician performing the procedure, facility where procedure was performed, pathology, and anesthesia.

Disability/FMLA Insurance Forms: Completion of Disability/FMLA forms is not paid by insurance. Each form requires \$15.00 pre-payment before the form(s) will be completed. The forms take 7-10 business days to complete.

Automobile Accident/Workman's Comp Cases: It is the responsibility of the patient to notify RGI of the date of injury, claim #, insurance company address, and phone number and contact person. If your motor vehicle claim exhausts, or your workmen's comp claim denies, it will be the patient's responsibility to submit to RGI other insurance plans that you may have, or the charge will be considered the patient's responsibility.

Financial Responsibility of Patient: Any balance that is not paid by the date it is due, may be sent to a collection agency and I may be responsible for any collection fees associated with my account. Failure to meet payment obligations may result in being dismissed from RGI as a patient.

Patient Signature / Date: