



Site information/Label
Site: _____
Address: _____

Financial Information Ambulatory Surgical Center

Patient Name: _____ Date of Birth: _____

Thank you for choosing a U.S. Digestive Health affiliated Ambulatory Surgical Center (ASC)/Endoscopy Center for your procedure. The following is a summary of the billing processes as it related to your procedure. You may receive statements from the following entities within a month after your procedure:

- Regional Gastroenterology Associates of Lancaster, LTD – Physician fee
- ASC/Endoscopy Center – Facility Fee
- RGAL Anesthesia Services, LLC – Anesthesia Fee

If a biopsy is necessary and/or polyp(s) removal occurs, you may also receive a statement from one of the following providers:

- Regional Gastroenterology Associates of Lancaster, LTD – Pathologist Fee
- Quest, LabCorp or other laboratory based on your insurance requirement

If a second opinion is requested by the Pathologist, there may be an additional fee associated with the secondary lab service

Important Information. If you are scheduled for a screening colonoscopy (you are not experiencing any bowel symptoms and the colonoscopy is not related to any health issues) and the physician finds a polyp or other abnormality that needs to be biopsied during the colonoscopy, the colonoscopy may no longer be considered a screening procedure, which may affect how your insurance company pays for the claim and may result in a co-payment, deductible or other private pay cost. This payment determination is based on your insurance benefits and is determined by your insurance carrier. Please check with your insurance carrier prior to your scheduled appointment regarding your benefits related to both a screening colonoscopy and a diagnostic colonoscopy. Neither the physician practice nor the ASC are responsible for the payment decisions made by your insurance company.

If you have any questions regarding your insurance coverage, please contact your insurance company directly. If you need additional assistance understanding this information, please do not hesitate to contact our billing office.

No Show and Cancellation Policy

Due to the extended period of time needed for endoscopic procedures, last minute cancellations and no-shows prevent other patients from receiving necessary treatment and creates an added expense for the ASC and physician. To promote efficient access to our services, we request that you notify us at least 72 hours in advance of your procedure if you cannot keep your

appointment. In the event that a procedure appointment is missed or cancelled with less than 72-hour notice, a \$50.00 charge will be billed to your account.

By scheduling an appointment with our ASC, you are indicating that you understand and agree to the terms of service explained above. By signing below, you acknowledge that you understand and accept the above information regarding billing and no show/cancellation policies.

Signature of Patient or Authorized Representative

Date

Relationship to Patient