

## FINANCIAL POLICY

We at Hackensack Gastroenterology Associates are committed to providing you with the best possible care. Your understanding of our financial policy is important to our professional relationship. If you have any questions regarding our fees or policies, please feel free to contact us directly.

**It is your responsibility to know and advise us of your insurance plan's requirements in advance each and every time we provide a service. Please be advised that if we have not been informed of such requirements prior to services rendered, you will be responsible for fees not covered.**

We will do our best to comply with your insurance plan's requirements.

**Patients must inform our office of any change in information or insurance plans prior to appointment.**

**PARTICIPATING PLANS:** All co-pays are due at the time of service. Co-pays that must be billed to the patient will be subject to a \$10.00 processing fee.

**CANCELLATIONS:** Kindly give 24 hours notice for office visits and 72 hours notice for procedures that need to be cancelled or re-scheduled, allowing the vacancy to be filled with someone needing an appointment. Applicable fees will be applied for appointments missed without ample notice. Consistent "no-shows" may be refused future appointments.

**REFERRALS:** If your insurance plan requires a referral from your PCP, **it is your responsibility to obtain and present the referral prior to or at the time of service or you may be responsible for payment in full.**

**MEDICARE:** You are responsible for your annual Medicare deductible and co-insurance of 20%.

Payment may be in cash, check or credit card.

I acknowledge and understand the financial policy stated above.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Please print your name: \_\_\_\_\_