



Colon and Rectal Clinic

Practice and Financial Policies

Hours of Operation

We are open from 9:00-1:00 and 2:00-5:00 Monday through Friday. Due to surgical schedules, office hours can vary. Every effort is made to stay on schedule. However, emergencies do occur and we appreciate your patience and understanding in these situations. Please call us as soon as possible if you are unable to make an appointment.

Telephone Calls

Our staff handles calls during normal office hours from 9:00 until 4:30, Monday through Friday. You can reach the on call physician by calling the office number after hours. If unable to get a response in one hour place the call again. In case of emergency call 911 or report to the nearest emergency room.

Surgery Scheduling

All surgeries are scheduled after your visit with the surgeon. Our staff will make every effort to see that your insurance company is notified and that all pre-certification requirements have been met. Please provide the most recent insurance information, to ensure accurate authorizations are obtained.

Cancellation Policy

If circumstances prevent you from keeping an appointment or you anticipate being late, please notify our office in advance and we will be happy to reschedule. A 24 hour notice is required for any appointment cancellation. Otherwise you may incur a \$25 appointment cancellation fee.

Prescription Policy

Please contact our office directly between the hours of 9:00 a.m. and 4:30 p.m., Monday through Friday, for prescription refills. Prescriptions will not be refilled after hours or on weekends, unless it is an emergency. Please anticipate your needs and call early so we can assist you with your prescription needs. Please have your pharmacy fax all prescription refills. It may take up to 24 to 48 hours for prescription refills. Pain killers are usually not prescribed 90 days after surgery. If you have not been seen within the last 30 days, you will have to be reevaluated before any further prescriptions are given.

Disability and Other Forms of Documentation

Please note that it may take up to 7 days to complete your forms. Forms are usually completed after surgery. Also note that fee for completion of forms is 25 dollars.

Financial Policy

We appreciate your giving us the opportunity to serve as your healthcare provider. We are committed to giving you the best healthcare possible. The following is a statement of our financial policy that we require all patients to read and agree.

Insurance is very frustrating and we appreciate your patience. Please understand that you are responsible for:

- Knowing the deductible amounts, co-pays, & any other out of pocket cost you may incur.
- Knowing if we participate with your insurance plan.
- Bringing a copy of your driver's license and insurance card.
- Verifying the status of your insurance and knowing the details of your insurance plan.
- Knowing that your insurance policy is a contract between you and your insurance company and we are not a part of that contract.
- Knowing that a referral is required with certain insurance plans prior to the visit.

Please understand that we are not responsible for bills from separate entities associated with your procedure such as physician, facility, anesthesia, laboratory and others. We can only provide you with information associated with our fees.

Please understand that some services may be denied and considered not covered or not medically necessary by your insurance. Due to the nature of our specialty, please be aware that the diagnosis and the procedure codes may change following the procedure. The National coding guidelines require that physicians bill the codes associated with the actual procedure performed (Post-operative) and

not the planned procedure (Pre-operative). In case of a colonoscopy, a “screening colonoscopy” may be changed into a “medically necessary” colonoscopy and may not be covered and will be considered the patients responsibility.

You can expect to receive the bills as a result of your visit. Your insurance company will send you an Explanation of Benefits that will explain how your bill was paid by them and any amount for which you may be responsible. It is your responsibility to understand your insurance benefits.

For all office visits, payment in full is required at time of service. Alternate payment plans can be made, under certain circumstances as deemed appropriate. Deductibles, co-insurance and co-payments may also apply according to your insurance plan. By law, you are responsible for these amounts, as well as any non-covered services outlined in your health plan. Co-pays and coinsurance are also required at the time of your visit. If you have any remaining or unpaid balances from your previous visits or treatments, it must be paid in full before you see your doctor. You are responsible for payment regardless of any insurance company’s arbitrary determination of usual or customary rates. Adults that accompany anyone under the age of 18 will be considered legally responsible for paying any charges that are due and must sign any forms that our office requires.

We do charge \$25 for all no show appointments. If you need to reschedule you must please do so at least 24 hours prior to your appointment time. If you are unduly late, you may be asked to reschedule if we are unable to accommodate you at a later time.

Medicaid patients are required to keep up with the number of visits you have used since you are only allowed 12 per year. We may need to request additional visits prior to your appointment.

If you have no insurance we can offer a payment plan. If payment can be made in full, a 50% discount will be allowed. If payment cannot be made in full, 1/3 payment is required with scheduled payments for the balance owed. If you had an emergency surgery, please call our office to determine what payment you need to bring for your postoperative visit.

Your insurance company/Medicare may require that you meet your deductible before they make any payments to us. You will be responsible for any deductible and/or co-pay amount. If your insurance company has not paid your bill in sixty days, you will be billed for the remainder of the dues. This will be refunded if subsequent additional payments are received from your insurance company. If it is determined that surgery is necessary, our staff may ask you to pay us part or all of your deductible before the procedure is scheduled. We can coordinate payment arrangements with you. Some insurance companies require precertification for procedures. We will make every effort to verify your benefits and obtain any necessary precertification prior to your appointment. This is not a guarantee of payment. A cancellation fee of \$100 will be charged for procedures cancelled within three business days from the scheduled date.

For out of network plans we will work with you to minimize the out of pocket expenses.

Late payments may incur interest and a \$25 fee will be charged for returned checks.

Payment can be made with checks, most major credit cards and cash. We will gladly take payments over the phone and you can use our on line bill payment to pay your dues.

Advance Beneficiary Notice of Non-Coverage

It is possible that in order to arrive at an accurate diagnosis, the physician may use an instrument called an Anoscope. Insurance companies may consider this exam to be surgical procedure, because of the CPT code we use for billing. The charge for an Anoscopy is around \$175. This fee may not be covered or it may be applied to your deductible which means that you are financially responsible for it.

Medicare and other insurance companies may not cover your colonoscopy if you had previous colonoscopies that disqualify you. Medicare allows one screening colonoscopy every ten years for non high risk patients and one every twenty four months for high risk patients. The approximate cost of a colonoscopy is \$208. If you want this procedure, you may be asked to pay now. If you want us to bill Medicare for an official decision on payment, you may receive a Medicare Summary Notice. If Medicare does not pay, you are responsible for the payment and you can appeal to Medicare following the instructions on the Medicare Summary Notice. If Medicare does pay, we will refund your payment, less co-pays and deductibles. This is our opinion and not an official Medicare decision. For further verification please call 1-800-MEDICARE (1-800-633-4227/TTY: 1-877-486-2048).

Please note that a photocopy of Assignment of benefits, Release of medical information, Receipt of physician notice of privacy practice and all consents are considered effective and valid as the original.