

FINANCIAL POLICY

Carbon-Schuylkill Endoscopy Center (CSEC) has a responsibility to provide quality healthcare services to patients. In the interest of maintaining a good doctor-patient relationship and continuing the delivery of quality health care, it is our hope that you will take responsibility for your financial obligation to our center. The following are general policies we have established for our patients, which we believe allow the flexibility that some patients need. We encourage you to discuss your account, and any payment arrangements that you desire, with our office personnel. Discussion of these issues early on in your treatment process will prevent most concerns or misunderstandings.

1. **Insurance** – As a courtesy to our patients, we will file claims on all procedures done in our center. When we file a claim on your behalf, it is with the understanding that benefits will be assigned to CSEC (that is, the insurance company will pay CSEC directly. **You are responsible for payment of all deductibles, co-insurances and non-covered services.** Please remember insurance coverage is a contract between the patient and the insurance company.

*If you have a larger deductible, we will try to let you know in advance of what you will owe us. Payment is expected at time of the procedure. We will accept payment in the form of cash, credit card, or bank or money order. Personnel checks will be accepted if they are paid 10 days in advance of your scheduled procedure date. If you are unable to pay your entire balance prior to your procedure, you will have to make arrangements with our billing office to pay the balance. A payment plan may be put into place for the balance if an agreed amount is determined and commitment is made to honor the payment plan. If not, your account will be transferred to a collection agency.

2. **Referrals** – You are required to 1) know whether or not your insurance requires a referral and 2) obtain that referral before you arrive for your procedure. Our office will be happy to assist you in determining the status of our center on your insurance plan; however, this is not a guarantee of coverage. Referrals typically have an expiration date so you should monitor the dates of service. Our center will not see a patient who does not have a valid referral.
3. **No Insurance** – Patients who do not have insurance are expected to pay for all services rendered. We will request a payment for outpatient procedures in advance of having the procedure performed. We understand that individual situations may make it difficult to meet these financial expectations and are happy to discuss other payment arrangement as needed.

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4. **Returned Checks** – Your account will be charged a \$35 fee for each returned check. In addition, you will be asked to bring cash to our center to cover the returned check and the fee.

5. **Past Due Accounts** – Patients who have not made an effort to make payment arrangements or have not expressed an interest in meeting their financial obligations to us will be turned over to a collection agency. Patients who have allowed their account to be turned to an agency will be expected to satisfy their financial obligation to us and to pay for any future services in advance before being seen at our center.

Signature: _____ Date: _____