

PATIENT FINANCIAL POLICY

REGISTRATION AND FINANCIAL INFORMATION

To process claims on your behalf, we must have the following information:

- complete personal information including employment
- driver's license or other government issued id
- current insurance card
- guarantor information

We will update and/or confirm the accuracy of this information at each visit. It is your responsibility to inform us in a timely manner of any changes.

REFERRALS AND AUTHORIZATIONS

If your insurance company requires a referral or authorization, it is your responsibility to obtain this from your primary care provider prior to your appointment. If your insurance company denies payment because there is no referral or authorization on file, the balance will become your responsibility.

PATIENT RESPONSIBILITIES

Please be prepared to pay any co-payment, co-insurance, deductible, and non-covered services at the time of each visit. We will also collect all previous outstanding patient balances at the time of your visit. As a convenience to our patients, we accept cash, check (there will be a \$25.00 fee assessed for all checks returned unpaid), Visa, MasterCard, Discover, and American Express. The patient is ultimately responsible for all charges resulting from treatment provided by Charleston Gastroenterology Specialists, Charleston Endoscopy Center, Lowcountry Endoscopy Center, and/or Summerville Endoscopy Center.

CANCELLATION / NO SHOW FEE FOR ENDOSCOPY PROCEDURES AND OFFICE VISITS

When we make your appointment, please understand we are reserving this time for you. This courtesy makes it possible to give you the best treatment. We understand that you may sometimes need to reschedule appointments, if so, please contact us as soon as possible. Failure to cancel a procedure at least 72 hours prior to the appointment time will result in a \$250.00 fee. Failure to cancel an office visit at least 24 hours prior to the appointment time will result in a \$25.00 fee.

OUT OF NETWORK PLANS

Charleston GI is NOT in-network with the following insurance plans:

- | | |
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| • Aetna HMO | • Cigna HCA |
| • Blue Choice HCA | • GHI of New York if primary insurance |
| • Blue Choice MUSC Options | • Medicaid - out of state |
| • BCBS Exclusive Cooper MUSC - MBX or MBY prefix | • United Healthcare HCA |
| | • VACCN VA Community Care |

ROPER ST. FRANCIS BCBS PLANS

Charleston GI is affiliated with Roper St Francis; however, we are not considered a Roper St. Francis facility. Per your insurance plan, endoscopy services performed at ANY non-Roper St Francis facility are considered out of network. While we are able to treat patients with this plan, we are considered out of network and services are only covered at 50%.

This means that your insurance company may not reimburse for services provided. It is your responsibility to pay for all services not reimbursed by your insurance plan.

BILLING AND CODING

Billing and coding are performed based on medical record documentation. We cannot comply with any request to improperly alter coding, as this is considered healthcare fraud.

COLLECTION POLICY

Full payment or payment arrangements are expected upon receipt of statement. If your account balance is not paid in full or payment arrangements confirmed after 60 days or **two** billing statements your account will be in default and auto referred to a collection agency. The outside collection agency has the right to report all past due balances to the credit bureau.

UNINSURED PATIENTS

We offer a self-pay rate if you are uninsured.

- Office Visit Rates:
 - New patient \$150.00
 - Return patient \$75.00

- Endoscopy Procedure Rate:
 - Full payment for procedures is expected prior to services rendered. However, if you are unable to pay the full amount a \$350.00 deposit and payment plan agreement will be required.

INSURED PATIENTS

All co-payments, coinsurances and deductibles are expected at the time services are rendered. These amounts are determined by your insurance plan and Charleston GI is contractually obligated to collect these balances. As a participating provider, we follow all mandatory guidelines specified in each insurance plan's contract and file our charges accordingly. Many insurance plans have policy provisions resulting in non-payment of certain services. The patient will be responsible for the non-covered charges. Final statements for patient responsibility will be sent once claims have been processed by your insurance plan. You may receive the following statements:

Office Services:

- Statement from Charleston Gastroenterology Specialists.

Lab Services:

- Statement from Roper St Francis, Labcorp, or Quest.

Endoscopy Procedures: Services performed in one of our endoscopy centers.

You will receive multiple statements for these services, see below:

- Statement from Charleston Gastroenterology Specialists includes the following services.
 1. Gastroenterology Physician Fee for gastroenterology services rendered.
 2. Anesthesia Physician Fee for anesthesia services rendered.
 3. Pathology for tissue removed or biopsied during your procedure.

- Statement from Charleston Endoscopy Center, Lowcountry Endoscopy Center, or Summerville Endoscopy Center includes the following service.
 1. Facility Fee: The facility where the procedure was performed.

- Statement from AP Laboratories or a laboratory of your selection.
 1. Pathology for slide preparation of tissue removed or biopsied during your procedure.

****AP Laboratories:** We are contracted with AP Laboratories for specimen preparation. If we collect specimens for pathology (take biopsies or remove polyps) we will send them to AP Laboratories **unless you instruct us otherwise**. AP Laboratories will bill your insurance company for any charges incurred and you will receive a bill directly from AP Labs. Please contact AP Laboratories at (877) 489-2401 with specific questions regarding lab charges.

****Your insurance company may have an agreement with a specific laboratory.** It is your responsibility to notify us at check-in if you prefer a lab other than AP Laboratories.

The following laboratories pick up at our endoscopy centers:

- AP Laboratories, Coastal Pathology, Lab Corp, and Quest

COLONOSCOPY SERVICES

Please be aware that there are different types of colonoscopies, and the type of colonoscopy can change during the procedure.

- Screening Colonoscopy - performed to rule out colon cancer.
- Diagnostic Colonoscopy - performed to identify the cause of a medical problem or symptom.
- Therapeutic Colonoscopy – performed when treatment is necessary (i.e., biopsy, colon polyp removal, control of bleeding...).

We make every effort to obtain eligibility and prior authorization based on the services ordered by your provider, but it is ultimately your responsibility to know the benefits offered by your insurance plan.

If you have any questions regarding our policy, please contact our Patient Accounting Department at (843) 793-5182.

Patient Financial Policy Acknowledgement

By signing below, I acknowledge that (i) I have been provided a copy of the Charleston GI Patient Financial Policy and agree to the specified terms; (ii) I agree to pay all charges due to Charleston GI for patient care and treatment, including co-payments, coinsurance, and deductibles, as required or provided pursuant to my insurance plan; (iii) regardless of my insurance status or absence of insurance coverage, I am ultimately responsible for the balance on the account for any services rendered; (iv) if I fail to make any payment for which I am responsible to pay, my credit report may be affected.

ONCE I HAVE SIGNED THIS AGREEMENT, I AGREE TO ALL THE TERMS AND CONDITIONS CONTAINED HEREIN AND THE AGREEMENT SHALL BE IN EFFECT FOR 1 YEAR.

Patient Name Printed

Patient Signature

Date

Date of Birth