FGA | FREDERICK GASTROENTEROLOGY ASSOCIATES

FEC | FREDERICK ENDOSCOPY CENTER

Practice and Facility Financial Policy

Thank you for choosing Frederick Gastroenterology Associates and Frederick Endoscopy Center as your health care providers. We are committed to building a successful physician-patient relationship and the success of your medical treatment and care. Your understanding of our Financial Polices and payment for services are important parts of this relationship.

Payments All copayments are due at check-in. Patient responsibility amounts and past-due balances are to be paid prior to scheduling future appointments and procedures. We cannot waive deductibles, coinsurances, or copays that are required by your insurance. This is a violation of insurance rules. The practice requires a valid credit card on file for all patients. Your credit card information is stored in a compliant site which meets the payment card industry data security standards.

Fees Returned checks, credit card chargebacks, or returned payments will have a minimum $35 penalty in addition to the balance owed. Accounts with returned payments will be expected to make payments via cash, money order, or cashier's checks only.

Insurance Prior to billing your insurance, patients are required to provide a copy of their insurance card(s) and a photo ID. We will bill your primary insurance company on your behalf as a courtesy to you. To properly bill your insurance company, we require that you disclose all insurance information, including primary and secondary insurance, as well as any change of insurance information. It is your responsibility to notify our office promptly of any patient information changes (i.e., address, name, insurance information) to facilitate appropriate billing for the services rendered to you. Failure to provide complete and accurate insurance information may result in the entire bill being categorized as a patient's responsibility.

Frederick Gastroenterology Associates and Frederick Endoscopy Center accepts most major insurance plans. However, with the frequent changes that happen in the insurance marketplace, it is recommended that you contact your insurance company prior to your appointment and verify if we are a participating provider as per your plan. It is always the patient's responsibility to know if our office/facility is participating in their plan.

Although we may estimate what your insurance company may pay, it is the insurance company that makes the final determination of your eligibility and benefits. If your insurance company is not contracted with us, you agree to pay any portion of the charges not covered by insurance, including but not limited to those charges above the usual and customary allowance. If we are out of network with your insurance company and you elect not to use your insurance plan or if we are not a contracted PPO provider under your insurance plan, you will be responsible for payment in full at the time of service. As a courtesy, we will file your initial insurance claim, and if not paid within 30 days, you will be responsible for the total bill. A signed waiver for non-par/election not to use your insurance is required.

Some insurance plans may not cover an office visit prior to a screening colonoscopy. If not covered, the patient will be billed the usual and customary allowance.

Referrals If your insurance plan (HMO) requires a referral from your primary care physician, it is your responsibility to contact your primary care physician to be sure it has been obtained. If a referral is not received prior to or on the date of your appointment, you will be responsible for the total charge amount billed to your insurance carrier. We will hold your claim and payment for 24 hours to allow you to obtain your referral. Failure to obtain the referral may result in no payment from the insurance company, and the balance will become the patient's responsibility. A signed managed care wavier is required.

Self-pay Accounts Self-pay accounts are for patients that do not have insurance coverage. Self-pay patients will be required to pay an estimated amount for services prior to their appointment or procedure. Fees cannot be finalized until after the appointment and the procedure is complete. If the charges are greater than the estimated

amount collected, you will be billed the remaining balance. If there is a remaining credit, a refund will be issued. A signed self-pay financial agreement is required.

Scheduled Appointment Cancellation Policy
We understand that on rare occasions, issues may arise, should you experience any unforeseen circumstance that causes you to miss your appointment, please call our office at least 24 hours prior to having it rescheduled. This allows us to offer your appointment slot to other patients in need.

Our highly skilled physicians are committed to your well-being and have reserved time just for you. New patient consultations are 30-minute appointments. Patients who miss an appointment without notifying our office 24 hours before the appointment time are subject to a $75 rescheduling fee. Established patients that miss an appointment will be charged a $50 missed appointment fee.

Scheduled Procedure Cancellation Policy at Frederick Endoscopy Center
Our physicians reserved this time just for you. They kindly request that you provide the courtesy of a cancellation notice of five (5) business days (excluding weekends and holidays) for scheduled procedures. This allows us to offer your appointment slot to other patients in need. Patients who cancel their procedures five (5) business days or less prior to their appointment are subject to a $300 cancellation fee. Patients who miss their procedure will be charged a missed procedure fee of $300.

Statements and Bills
Frederick Gastroenterology Associates bills for services rendered by our providers (office, telehealth or portal evaluations, procedures and our pathology lab services. Frederick Endoscopy Center will bill for the use of our facility. Other providers may bill you for anesthesia and pathology costs. It is our office policy that all accounts with pending balances be sent three statements by way of US Mail and Patient Portal monthly. If payment is not made on the account, a ten-day collection letter will be mailed. Accounts with unpaid balances for 90 calendar days or more will be sent to an external collection agency for collection. Unpaid bills can also lead to possible discharge from the practice. At the sole discretion of the practice, extended payment arrangements may be made for patients. Please speak with our billing department to discuss a mutually agreeable payment plan. It is never our intention to cause hardship to our patients, only to provide them with the best care possible and reasonable costs.

Hours of Operation: Main Office: M-F 8am-5pm. 301-695-6800 (follow prompts for specific departments). The Billing Department is located at Frederick Endoscopy Center 7115 Guilford Drive Suite 201 Frederick, MD. Inquires are accepted M-F, 8am - 4pm, FGA billing inquiries: 301-695-6800 prompt #7. FEC billing inquiries: 301-682-6261 prompt #2. Established patients, with portal access, may submit inquiries through our website at www.fgamd.com.

AUTHORIZATION TO RELEASE INFORMATION AND ASSIGNMENT OF BENEFITS
I request the payment of insurance benefits (including Medicare benefits) be made on my behalf to Frederick Gastroenterology Associates/Frederick Endoscopy Center and their physicians for any services furnished to me. I authorize the use of my Protected Health Information (PHI) for payment, treatment and/or Health Care Operations. Either my insurance carrier or I may revoke this authorization at any time in writing. I accept responsibility for any and all charges not paid by my insurance.

By signing this form, I agree that any outstanding, current and future balances (Deductible, Co-pay or Co-insurance), on my account (determined by my insurance carrier) to be my responsibility, be charged to the credit card on file unless an alternate method of payment is made at the time of service.

I have read, understand, and agree to the above Financial Policy. I understand my financial responsibility to make payments for services provided to me and the courtesy extended by Frederick Gastroenterology and Frederick Endoscopy Center to simplify insurance reimbursement for the services provided to me. I acknowledge that these policies do not obligate Frederick Gastroenterology/Frederick Endoscopy Center to extend credit to me for services provided

Printed Patient Name	**Date of Birth**
Patient Signature	**Today's Date**