DESERT SUN GASTROENTEROLOGY

Patient Payment Policy

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Patient Responsibility:
You are responsible for all charges resulting from treatment provided by Gastroenterology Clinics. We bill most insurance carriers. However, primary responsibility for the account is yours. Your copayment is always due at the time of service; any remaining balance owed by you is due when you receive your invoice, unless other financial arrangements are made. For your convenience we accept cash, check, Visa, MasterCard and Discover.

Insurance Billing:
It is your responsibility to provide current, accurate insurance billing information. If your insurance information changes, please provide the new insurance information prior to receiving additional care.

Desert Sun will call to verify insurance eligibility and request "general description" of insurance benefits. It is **ultimately the responsibility of the patient** to know his or her particular plan, weather our physicians are contracted, insurance benefits, deductibles, co-pays, policy provisions etc; as the insurance company will not guarantee payment of the benefits they quote.

For those enrolled in insurance products that require a referral, the primary care physician's office coordinates and "initiates" the referrals for our services. It is the patient's responsibility to have the referral "in hand" on the date of service.

Payment is due at the time of service. This includes; co-pays, deductibles, percentages, and self-pay patients. If balance is written off internally to bad debt, there will be a 10% fee added. If charges are sent to an outside collection agency, there will be a minimum fee of 30% but can increase based on age of the balance along with any legal fees or any fees added to the delinquent balance.

We will file your insurance for you if we are a participating provider on your plan. You will be responsible for any and all balances in excess of your insurance limits as well as any non-covered services.

If we are not a participating provider for your plan, full payment is due at the time of service.

We will mail you a monthly billing statement for any outstanding balances.

Charges are based on medical documentation. Codes will not be changed to suit the coverage of the individual policies with insurance companies.

Missed Appointments:
Desert Sun charges a $25.00 cancellation fee for less than 24 hours for an office visit and $100.00 cancelation fee for procedures canceled less than 48 hours.

Returned Check:
It is our office policy to charge a $35.00 fee for checks that are returned due to non-sufficient funds.

Authorization to Release Information:
In obtaining payment for services, I authorize my healthcare provider, Desert Sun Gastroenterology, to furnish information from my medical record to any company that may be responsible for payment of all or part of my provider charges, including but not limited to: my insurance companies and their representatives. I understand that this consent is voluntary, if I refuse to sign this consent, Desert Sun Gastroenterology can refuse to treat me.

If I have been referred by, or am referred to another healthcare provider, I authorize Desert Sun Gastroenterology to release my medical information to this provider for continuing care.

I also assign Desert Sun Gastroenterology all payments to which I am entitled for medical expenses related to the services reported herewith. I understand that I am financially responsible for all charges whether covered by my insurance provider or not.

I have received a copy of the **Notice of Privacy Standards** which more fully describes the uses and disclosers that can be made with my individually identifiable health information for the treatment, payment and health care options.

I, or my appointed agent, have read, fully understand, and agree to the above statements.

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Patient's Name (please PRINT)	Patient's Signature	Date