

## Portland Gastroenterology Center Appointment Billing and Payment Policy



### ***Missed Appointment Policy***

**Missed appointment = a visit for which you do not show (no-show)**

A missed appointment is costly to a physician practice, patients, and the industry of healthcare. Missing an appointment may pose a serious health risk to you and is unfair to other patients who have been waiting to get an earlier appointment. Our policy is to charge for missed appointments. We ask that if you must cancel or reschedule your appointment to notify us no later than three business days in advance for office visits/consultations and five business days for procedures. Missed appointment charges are your responsibility and will be billed directly to you. Please know that we may elect to terminate your relationship with the practice for repeated missed appointments.

### **Consultation/ Office Visit Missed Appointment Fee Schedule**

First Missed Appointment	Second Missed Appointment	Third Missed Appointment
Warning - no charge	\$100.00	Possible termination from the practice

### **Procedure Missed Appointment Fee Schedule**

First Missed Procedure	Second Missed Appointment
\$200.00 - <i>will not reschedule until payment</i>	Possible termination from the practice

### ***Bring your insurance card***

We participate with most insurance plans. Your insurance ID card contains the information necessary to submit claims to your insurance company to obtain payment for services. It is necessary for you to present your ID card at **each visit**, so we can verify coverage. If we do not have current and correct insurance information you will be responsible for the bill.

### ***Co-payment***

All co-payments **must** be paid at the time of service. This arrangement is part of your contract with your insurance company. Failure on our part to collect co-payments from patients can be considered fraud. If you are not prepared to pay your copay at time of service, your appointment may need to be rescheduled.

### ***Insurance coverage changes***

If your insurance changes, please notify us before your next visit so we can make the appropriate changes to help you receive your maximum benefits. Most insurance companies require authorizations prior to appointments. If we do not have accurate information, we will not be able to obtain the appropriate authorization and you may be financially responsible for the charges.

### ***Know your insurance benefits***

It is your responsibility to know your insurance benefits. Please contact your insurance company if you have questions about covered services and what portion of the bill you may be responsible for due to deductibles or copayments.

Please be aware that sometimes services are not covered or not considered medically necessary by your insurance company. We can usually obtain this information during the prior authorization process. We require payment in full for these services prior to your appointment.

### ***Claims Submission***

We will submit claims to your insurance company and work diligently to get your claims paid. Your insurance company may require further information from you, and it is your responsibility to comply with their request. Your insurance benefit is a contract between you and your insurance company. Please be aware that the balance of your claim is your responsibility if your insurance company does not pay your claim.

### ***Private Pay Policy***

Payment for the estimated cost of your service is due prior to your appointment. A member of our Central Billing Office will contact you to provide a good faith estimate (GFE) and discuss payment options. You will be balance billed for any charges outside of the cost estimate or refunded if the charges are lower than estimated.

### ***No Surprises Act***

Beginning January 1, 2022, CMS new law will protect both the insured and uninsured from surprise medical bills. Learn about your new consumer rights to dispute unexpected bills at [www.cms.gov/nosurprises](http://www.cms.gov/nosurprises) #NoSurpriseBills

### ***Balances due and Collections***

You will receive periodic statements to inform you of any balances due. We encourage you to utilize our patient portal to pay your bill, but you may also call us to pay over the phone or mail us a check. If your account is over 90 days past due, you will receive notification that you must pay your balance in 30 days, or your account will be referred to a collection's agency. You will be required to settle your account with us (or the collections agency) prior to scheduling any future appointments.

### ***Payment Authorization***

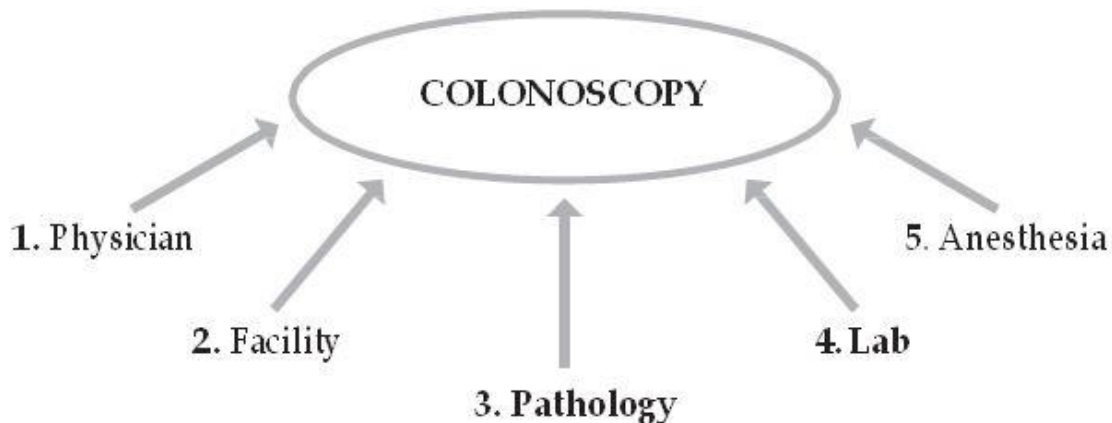
You will be asked to sign Portland Gastroenterology Center's billing policy and a payment authorization at the time of your visit.

## **UNDERSTANDING PROCEDURE BILLING**

Every procedure that is performed includes up to 5 components. Each of these components bill for their services separately. You may not have all 5 components depending on your situation, but you will always have at least 2.

A physician fee and a facility fee are always charged regardless of where the procedure is done.

Here is an example of a colonoscopy performed at Portland Endoscopy Center where a biopsy is taken, and the patient opted for Propofol anesthesia. This patient will receive 5 separate bills.



## **CONTINUING PAYMENT AUTHORIZATION**

My signature below confirms that I have read and understand Portland Gastroenterology Center's Appointment Billing and Payment Policy and that I hereby assign benefits to the physician or facility indicated on the claim.

Signed: \_\_\_\_\_ Date: \_\_\_\_\_

MRN: \_\_\_\_\_