



LANCASTER GASTROENTEROLOGY PROCEDURE CENTER, LLC

PATIENT RESPONSIBILITY – THINGS YOU NEED TO KNOW

INSURANCE: Insurance plans vary considerably and we cannot predict or guarantee what part of our services will or will not be covered by your particular insurance. You are ultimately responsible for all medical expenses and we will expect you to pay any balances not covered by insurance. Many insurance plans do not pay for wellness, routine, and/or surveillance visits and/or procedures. Please contact your insurance carrier to verify coverage. Lancaster Gastroenterology does not verify and/or guarantee benefit coverage. This is your responsibility.

If your insurance plan requires pre-certification, please inform our office staff so that we can assist you in this process. Failure to pre-certify will result in non-payment by your insurance; thus, the entire bill will be your responsibility. Pre-certification and benefit coverage are two different things. You, as the patient, must verify benefit coverage.

If you experience financial circumstances beyond your control, our practice, as a courtesy, will establish a reasonable weekly/monthly payment plan to accommodate your needs. Personal patient balances must be paid in full within six months of an approved payment plan.

RESCHEDULING OR CANCELLATION OF PROCEDURES: If your procedure needs to be rescheduled, we ask that you notify our office as soon as possible. Because of the volume of patients who need to have procedures performed, we will schedule your procedure two times without charge to you if our office is notified at least 3 business days before the procedure. There will be a \$50 charge to patients who do not present for procedures or who cancel with less than 3 business days notice. If the procedure has been scheduled and cancelled two times, \$50 will be charged and must be paid before we will schedule your procedure for the third time, except for a legitimate emergency. This is your responsibility and will not be covered by your insurance company.

PROCEDURES AT LANCASTER GASTROENTEROLOGY PROCEDURE CENTER: When you have a procedure performed at Lancaster Gastroenterology Procedure Center, LLC, you will receive a bill from the Procedure Center, a bill from Lancaster Gastroenterology, Inc. for the physician performing the procedure, and a bill from Lehigh Anesthesia Associates for the anesthesia. If a tissue specimen is taken during your procedure, you will receive a separate bill from the facility where the tissue is processed and possibly a bill from the pathologist who examines the tissue.

PROCEDURES AT A HOSPITAL OR OUT-PATIENT FACILITY: You will receive a bill from the facility where your procedure is performed, possibly a bill from the anesthesiologist administering the anesthesia, and a bill from Lancaster Gastroenterology, Inc. for the physician performing the procedure. If a tissue specimen is taken during your procedure, you will receive a separate bill from the facility where the tissue is processed and possibly a bill from the pathologist who examines the tissue.

LABS AND X-RAYS: When blood work or x-rays are ordered by Lancaster Gastroenterology, **YOU** must check with your insurance company regarding where you are permitted to have these tests performed and whether or not these tests need to be precertified or preauthorized. Lancaster Gastroenterology will not be responsible for expenses incurred if you have the testing performed at a non-participating location.

WHEN YOU HAVE AN OFFICE APPOINTMENT:

1. If you have insurance coverage that requires you to notify your primary care physician (family doctor) to obtain approval for your office visit, it is your responsibility to do so. If you are required to have a referral or authorization form, you must bring the form with you for every appointment you have in our office. Payment for visits that are not authorized by your primary care physician will be your responsibility at the time of the visit.
2. Co-payments and patient responsibility payments are expected at the time of service.
3. All patients are required to present insurance cards at every visit and every procedure. If your insurance changes, it is your responsibility to notify our office and make sure we have a copy of your new insurance card.
4. There is a \$25 charge to patients who do not present for appointments and who cancel with less than one business day notice except for a legitimate emergency. This is your responsibility and will not be covered by your insurance company.

Patient Signature

Date