



## FINANCIAL INFORMATION

### IMPORTANT PROCEDURE BILLING INFORMATION

The information below pertains to procedures performed at our Ambulatory Surgery Center (ASC). Please note that you may receive up to 4 separate statements, one for each of the entities listed below:

- \* GRAND JUNCTION GASTROENTEROLOGY – This represents our Physicians’ time to perform the procedure.
- \* GRAND JUNCTION ENDOSCOPY CENTER - This is the use of our Ambulatory Outpatient Surgery Center.
- \* ECGJ ANESTHESIA – This represents the sedation that is provided by a CRNA.
- \* COVENANT PATHOLOGY SERVICES - All Pathology is sent to Covenant Pathology Services unless otherwise requested.

FAQ’s:

Q: I prepaid for services, where was that money applied?

A: If you pre-paid any money towards the estimated out of pocket cost, this is applied to the physicians’ time performing the procedure only. If any additional services are performed during the procedure (ie: biopsies, pathology, etc.) you will be balanced billed for those services.

Q: What is the difference between a screening colonoscopy and a diagnostic colonoscopy?

A: Under current guidelines, screening for colon cancer should begin at age 45 for people of average risk, which means no personal or family history of colorectal cancer. A screening colonoscopy is generally repeated every 10 years if no abnormalities are found, and you don’t have an increased risk of colon cancer. A diagnostic colonoscopy may be performed due to abnormal findings, signs or symptoms (such as abdominal pain, bleeding, diarrhea, etc.), a greater probability of cancer development or if there is evidence that colorectal cancer might be present.

Q: What is my out-of-pocket expectation for this procedure?

A: We do not have an exact out of pocket expectation up front because our procedures are considered exploratory. Many factors play a role in determining what is billed to the insurance, including, but not limited to, if biopsies are taken, if pathology is ordered, etc.

Q: Is my insurance in Network?

A: It is always best to call your insurance provider to verify if they process our tax id in or out of network. We are in network with most major insurance companies.

Q: How will my procedure be billed?

A: All procedures are billed from the Final Report and Findings by the performing physician.

Q: Are there payment plans available?

A: Payment plans are discussed on a case by case basis.

## PATIENT FINANCIAL OBLIGATION AGREEMENT

### SELF-PAY ACCOUNTS\*

We designate accounts as "Self-Pay" under the following circumstances: patient does not have active health insurance coverage or is covered by a non-participating insurance at the time of service. These patients are responsible for any charges incurred during the date of service. Due to our contractual obligation to bill services, we do not classify patients with any insurance as self-pay. The Billing Department can provide an estimated amount for each service performed at our Endoscopy Center. The final billed price could be higher due to additional procedures performed at the time of service (biopsy, polyp removal, longer anesthesia time, etc....) Patients will be billed for the remaining charge of the services provided once the final billing has been completed.

### BILLING PROCESS\*

It is your responsibility to inform the reception staff of any and all medical insurances you carry, and if there is any other third parties responsible for the billing of these charges.

\* You are ultimately responsible for the payment of any charges incurred.

\* It is your responsibility to notify the Grand Junction Gastroenterology Billing Department of any changes in your health insurance and personal demographic information. Failure to notify the Billing Dept of an insurance change prior to your service may result in you being responsible for the full amount of the procedure.

### PAYMENT IS DUE AT THE TIME OF SERVICE

\* We accept cash, checks, debit and credit cards. (A \$35.00 fee will be charged for all checks which are returned due to insufficient funds.)

\* Insurance required co-payments are due at the time of service or upon receipt of the first billing statement.

\* Patient responsible balances are due upon the receipt of their billing statement; we will arrange payment plans for qualifying balances owed.

\* Your co-pay amount is subject to change depending on your insurance plan and/or any procedures that may be provided during your visit.

\* Past Due accounts over 120 days will be referred to a 3rd party collection agency and will be subject to discharge from the practice.

### CANCELLATION AND NO-SHOW POLICY

We understand that situations arise in which you must cancel your appointment. If you are unable to keep your appointment, we ask that you contact us as soon as possible to cancel in order to allow another patient to fill the slot.

Please be aware that procedure appointments that are cancelled with less than 1 business days' notice may be subject to a cancellation fee of \$200.00. We understand that special unavoidable circumstances may cause you to cancel with short notice. In this instance, fees may be waived with management's approval. Patients who have two (2) unacceptable late cancellations in a twelve (12) month period, will be dismissed from the practice and denied any future appointments.

Patients who do not show up for their appointment and do not call to cancel will be considered a No-Show. No-Show patients will be subject to a no-show fee of \$200.00. Patients who No-Show two (2) times in a twelve (12) month period, will be dismissed from the practice and denied any future appointments. Patients who have 3 late notice rescheduled appointments with in a 30 day period will also be subject to being dismissed from the practice.

Procedures that are cancelled same day due to poor prep as a result of eating prior to the procedure will be assessed the full \$200.00 cancellation fee. Please make sure to follow the prep instructions as directed to avoid this situation.

The Cancellation and No-Show fees are the sole responsibility of the patient and must be paid in full before the patient will be allowed to reschedule.

Our practice firmly believes that good physician/patient relationships are based upon understanding and good communication.

Questions about cancellation and no-show fees should be directed to the Billing Department (970) 242-6600 option 6, then option 1.

### **IMPORTANT OFFICE VISIT BILLING INFORMATION**

#### **PATIENT FINANCIAL OBLIGATION AGREEMENT Self-Pay Accounts**

We designate accounts as “Self-Pay” under the following circumstances: patient does not have active health insurance coverage or is covered by a non-participating insurance at the time of service. These patients are responsible for any charges incurred during the date of service. Due to our contractual obligation to bill services, we do not classify patients with any insurance as self-pay. A pre-payment of \$150 (new patient) and \$100 (established) will be collected prior to the visit. This is not a payment in full. The total price of the service will be determined based on complexity of the visit and the remaining balance will be billed to the patient.

#### **Billing Process**

- It is your responsibility to inform the reception staff of any and all medical insurances you carry, and if there is any other third parties responsible for the billing of these charges.
- You are ultimately responsible for the payment of any charges incurred.
- It is your responsibility to notify Grand Junction Gastroenterology of any changes in your health insurance and personal demographic information. Failure to notify the Billing Dept of an insurance change prior to your service may result in you being responsible for the full amount of the procedure.

#### **Payments**

- We accept cash, checks, debit and credit cards. (A \$35.00 fee will be charged for all checks which are returned due to insufficient funds.)
- Payment is required at the time of service for private pay patients. (Payment plans are available if needed.)
- Insurance required co-payments are due upon receipt of the first billing statement.
- Patient responsible balances are due upon the receipt of their billing statement; we will arrange payment plans for qualifying balances owed.
- Your co-pay amount is subject to change depending on your insurance plan and/or any procedures that may be provided during your visit.
- Past Due accounts over 120 days will be referred to a 3rd party collection agency and will be subject to discharge from the practice.

