



EASTERN PENNSYLVANIA GASTROENTEROLOGY & LIVER SPECIALISTS, PC

TERMS AND CONDITIONS

PAYMENT GUARANTEE AND ASSIGNMENT OF INSURANCE BENEFITS:

I agree that in consideration of the good and services to be rendered to me, I am obligated to pay Eastern PA Gastroenterology and Liver Specialists, PC (EPGI) in accordance with the regular rates and terms of the Practice. I hereby authorize the direct payment to EPGI of any insurance benefits payable to me for care rendered at EPGI. I understand that I am responsible for the full cost of all services rendered to me if I have no insurance or if I have a plan that does not have a contractual agreement with EPGI. I also understand that I am financially responsible for any deductibles, coinsurance and/ or co-payments due for contracted plans and for charges not covered by this assignment and that patient balances are expected within 30 days of billing. Reasonable payment arrangements will be considered if there is a financial need. If I do not pay the obligated amount(s), my account may be sent to a collection agency and is subject to all collection and legal fees.

RETURN CHECKS:

There will be a \$15.00 return check fee assessed for all checks returned by the bank.

DELINQUENT ACCOUNTS:

All balances over 90 days will be considered delinquent accounts. Delinquent and/or collection accounts can be frozen and must be paid in full before any future services will be provided, unless other arrangements have been made.

PROCEDURES AND TESTS OFFSITE:

I understand that Eastern PA Gastroenterology is an independent, privately owned practice and can only provide me with information associated with the fees for the doctor, nurse or physician assistant's professional services. I also acknowledge that my provider will order tests/ procedures that he or she deems necessary to diagnose and treat my condition. Any fees for these tests such as facility, anesthesia, and/or pathology services are billed separately. I am aware that it is my responsibility to be familiar with my own plan coverage. I am responsible to direct network and benefit questions directly to my insurance carrier and the offsite entity before proceeding with further testing to ensure I fully understand the costs involved.

MISSED APPOINTMENTS:

I understand that if I need to cancel or reschedule my appointment, a 24 hour notice is required for an office visit and a 3 day notice is required for a procedure or a cancellation fee of \$25.00 may be added to my account. My account may then be frozen and no further appointments will be made or kept until this fee is paid in full.

FORM COMPLETION FEE: There is a charge for completion of forms for disability, FMLA, etc.

MEDICARE PATIENTS:

I request that payment of authorized Medicare benefits be made either to me or on my behalf to Eastern Pennsylvania Gastroenterology and Liver Specialists for any services provided to me by them. I authorize any holder of medical information about me to release to the Centers for Medicare and Medicaid and its agents any information needed to determine these benefits or the benefits payable for related services.

EPGI complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability or sex.