

NORTHERN GI ENDOSCOPY CENTER

5 Irongate Center
Glens Falls, NY 12801
(518) 745-5423

FACILITY FINANCIAL POLICY

Your insurance company will be billed a facility fee from Northern GI Endoscopy Center (NGIEC). The facility fees are intended to cover the costs required to ensure the highest quality of care and safety during your procedure. These expenses include medical equipment and supplies, nursing and technical staff and operational expenses. You will also be billed professional fees from Gastroenterology Associates of Northern NY. Additionally, if tissue samples or biopsies are obtained during your procedure and sent to a laboratory for pathologic diagnosis, the laboratory will bill your insurance plan directly. The facility, physician and pathology are separate and distinct entities, and are billed independent of each other. If you have any questions regarding the financial aspect of your procedure please ask a member of our staff.

The Facility Fee includes:

- Nursing Care
- Procedure Room
- Recovery Room
- Medical Equipment & Supplies
- Sedation Medication

The Facility Fee DOES NOT include:

- Physician Professional Fees
- Pathology – (Quest, Dianon)

Insured Patients

As a courtesy to our patients, NGIEC will bill your insurance company directly. Your insurance card(s), photo ID and correct demographic information are required at time of registration. **Patients are responsible for payment of their account.** The billing office makes every effort to contact your insurance plan prior to your procedure to verify coverage and benefits for our facility. Insurance verification does not guarantee payment by your insurance company. Specific coverage issues can be addressed by your insurance company's member service department (the phone number is usually listed on your insurance card).

Not all services rendered at Northern GI Endoscopy Center are considered covered benefits in all plans. Your insurance coverage is an agreement between you and your health insurance company. Knowledge of the benefit plan, provision of accurate insurance information and payment for services rendered at Northern GI Endoscopy Center are the responsibility of the patient. We are available to answer your questions and can assist you in providing information to your health insurance company so that payment can be made accordingly. Please note that we will not comply with any request to improperly alter coding or billing of your procedure, as this is considered healthcare fraud.

Some insurers require precertification, preauthorization or a written referral. It is the patient's responsibility to determine whether or not a referral or authorization is required. Referrals and/or authorizations can be requested from your primary care physician (PCP). If we have not received a necessary referral or authorization prior to your arrival to our facility, **your procedure will be rescheduled.**

Co-pays and Deductibles

Patient deductibles, coinsurance and co-payment amounts are established by your health plan and are your responsibility. You will be contacted by our office prior to your appointment to review your insurance benefits and discuss payment arrangements for your account. Insurers consider endoscopy/Colonoscopy to be an outpatient surgical procedure. Any co-pays and/or deductible is due at time of service. This co-pay/deductible is only for the facility portion of your procedure. If there is a patient balance remaining after we receive payment from your insurance company, we will send you a statement. Your insurance company may also apply a co-pay/deductible for other services such as professional fee for the physician or pathology services.

Screening Colonoscopy

Patients who are scheduled for a screening colonoscopy and have no signs or symptoms may have set insurance benefits for preventive screening exams. If the physician performing your exam finds a polyp or abnormality, your benefits may change and your insurance plan may pay differently. The colonoscopy will no longer be considered a screening exam, but will be considered a diagnostic colonoscopy. If you have this preventive benefit, your co-pay, deductible and/or co-insurance will be collected at check-in. If no polyps are removed or biopsies are required, your payment will be returned to you at the time of discharge. Please contact your insurance company before your procedure so you will understand what your policy covers regarding a screening colonoscopy versus a diagnostic colonoscopy.

Delinquent Accounts

Prompt payment of your account is expected; however, we realize that situations may arise whereby you may have difficulty meeting your obligation. If such problems do arise, we encourage you to contact us for assistance in the management of your account. Prior to providing services, payment of prior outstanding balances will be requested. Patients with delinquent accounts or accounts that are considered bad debt may be denied services if not medically urgent. All delinquent accounts may be referred to a collection agency for further action, which may impair personal credit ratings and/or incur additional expenses.

Your account will be charged \$50.00 for each check returned for non-sufficient funds

Cancellations/Rescheduled Appointments

We make every effort to accommodate your scheduling needs. It is important to be on time for your procedure, arriving at a time specified, and to notify us in the event you need to reschedule your appointment. Sufficient notice to change your procedure appointment is necessary in order to offer this time to another patient. **Therefore, we require a minimum of 48 hours prior to your scheduled procedure appointment for any cancellation or rescheduling needs. A cancellation fee of \$100 will be billed to patients failing to cancel their appointment at least 48 hours in advance and must be paid before rescheduling.**

I have read this financial policy. I understand and agree to the above policy.

PATIENT SIGNATURE

DATE