

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 contact our billing office at (518) 793-5034 Ext. 130.

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).

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 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 will be collected prior to the day of

your procedure. 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 insurance benefits for preventive screening exams. If a biopsy is taken or a polyp is removed, your insurance company may consider this a diagnostic colonoscopy and copays and/or coinsurance may apply.

Upper Endoscopy

Upper Endoscopy is not considered a screening procedure and will be subject to any copays, co-insurance or deductible that you may have under your health insurance plan. Your co-pay, deductible and/or co-insurance will be collected prior to the day of your procedure.

Delinquent Accounts

Payment of prior outstanding balances will be requested prior to providing services. Patients with delinquent accounts or accounts that are considered bad debt may be denied services. 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.**

Patient Signature

Date