



DIGESTIVE AND LIVER
SPECIALISTS

FINANCIAL POLICY

The Doctors & Staff at Digestive and Liver Specialists (DAL) are committed to providing you with quality care. As a patient at DAL, you are financially responsible for all medical services. Your clear understanding of our financial policy is important to our professional relationship. Our business office will be pleased to discuss our professional fees with you at any time.

Patient / Insurance Verification Information

As a patient you are responsible for providing accurate and complete insurance information. At the time of scheduling your appointment, you will be asked to provide your insurance information. Our office will contact your health insurance carrier to verify your coverage and payment responsibilities; this is not a guarantee of payment. If we are providers with your insurance carrier, as a courtesy to you, we will file a claim with your insurance carrier.

Your health insurance is a contract between you and your insurance company. We are not a party to your contract. Therefore, DAL can not become involved in disputes between you and your insurance company regarding deductibles, non-covered charges, co-insurance, secondary insurance, coordination of benefits, pre-existing conditions, or “reasonable and customary” charges other than to supply the factual information as necessary. You are responsible for timely payment of your account.

At check-in you will be asked to provide your insurance identification card, social security number, and state proof of identification. This is for your protection as well as to ensure that no changes in coverage have occurred.

Appointments

Appointments are scheduled Monday through Thursday between the hours of 8:30am to 4:30pm and Fridays between 8:30 am to 11:30 am, depending on availability. Appointment cancellations require 24 business day hours in advance before the scheduled appointment time. For late cancellations and no shows, DAL reserves the right to assess a \$65 fee. This fee is separate from your copay, deductible, and/or coinsurance due at the time of visit.

Referrals

If you have a plan that requires a referral from your primary care physician, it is your responsibility to obtain this information prior to your appointment. If we have not received an authorization / referral prior to your arrival at our office, we have a telephone available to you to call your primary care physician to obtain a referral. If you are unable to obtain a referral, your appointment will be rescheduled, or you will be expected to pay for charges in full at the time of service.

Co-payments / Deductibles / Coinsurance

All co-payments, applicable deductibles and coinsurance amounts will be collected upon patient check-in. In compliance with our contract with your insurance carrier, DAL cannot discount / waive any co-payment, deductible and / or coinsurance amounts.

Self-Pay Patients / Non-Contracted Plans / Non-Covered Services / Third Party Claims

Payment in full will be collected at the time of service. If you are unable to meet this obligation, please contact our business office prior to your appointment to arrange special billing arrangements.

Scheduled Procedures

If you have been scheduled to have a procedure, a representative from our Business Office will contact you regarding the prepayment of any unmet deductible and/or coinsurance. Self-pay patients are required to pay for services in full prior to procedure date. If unable to pay, self-pay patients will be rescheduled until payment is able to be made. All amounts due will be collected prior to procedure. If patient does not show up for their procedure or cancels less than 24 business day hours prior to the procedure, a fee of \$150 will be applied to the patient's account.

Procedure Locations *Some physicians are in network with the following facilities for procedures.*

Physician Endoscopy Center*

3030 S Gessner Rd #150
Houston, TX 77063

Digestive Health Center- Memorial City Hospital

920 Frostwood Dr
Houston, TX 77024

Houston Methodist West Hospital**

18500 Katy Fwy,
Houston, TX 77094

**some, not all of the physicians perform procedures at Houston Methodist West Hospital

Disclosure of Ownership*

DALS physicians strive to provide exceptional quality care to all of our patients. We want to make you fully aware that the following physicians have ownership in Physicians Endoscopy Center:

P. Martin Mauk, M.D.
Cole Thomson, M.D.
Katherine Nguyen, M.D.
Hashim Khandwalla, M.D.
Matthew Spinn, M.D.
Malan Shiralkar, M.D.

Out of Network Services

DALS cannot guarantee that laboratory, anesthesiology or other professional services will be in-network with your insurance plan. Please contact your insurance carrier to confirm coverage. You are responsible for any professional charges as services have been rendered.

**Physician Endoscopy Center (PEC) Pathology lab is in network with Digestive and Liver Specialists.

Medicare Patients

If you have regular Medicare Part B and a secondary carrier (Medi-Gap plan) we will not collect any payment, except for deductibles and/or coinsurance, at the time of your visit. Our office will bill you for any portion of your bill not paid by Medicare and your secondary carrier.

If you have regular Medicare Part B only and have not met your deductible, we will collect this amount along with your 20% coinsurance at the time of your visit.

If you have regular Medicare Part B only and have met your deductible, we will only collect your 20% coinsurance at the time of your visit.

Forms

A \$15.00 fee may be assessed for forms requested to be filled out by the physician or office representative. Please speak with the front office or the doctor's assistant for more information.

Medical / Billing Records Requests

All records requests must be submitted in writing and must include a signed release form from the patient before release of records. The fee for each of these requests is \$38.00, which is required prior to any records being released, unless requested by a physician's office or a healthcare provider (entity). All records requests will be processed

within 30 days from the receipt of both the request and payment. Expedited requests may be processed for an additional fee of \$15.00. To provide seamless continuation of care, Digestive and Liver Specialists will send your medical records, at no charge, to your healthcare provider. Please visit our website www.gidocs.com to obtain a medical records request and to access our medical records portal at HealthMark.

Patient Balances

Any patient balance due after your insurance company has processed your medical charges will be billed; this balance is due upon receipt. If the balance is not paid or a payment plan agreement established your account will be forwarded to an outside collection agency within 90 days of the first billing statement.

Upon arrival for an appointment, any outstanding balance due will be collected at check-in.

Methods of Payment

Our office accepts cash, check (with proper identification), VISA, MasterCard, American Express and Discover.

- I have received a two page copy of the Digestive & Liver Specialists Financial Policy, which I have read and understand.
- I understand that I am personally responsible for payment on this account.
- In the event my insurance company deems a service to be “non-covered”, I understand that I am personally responsible for payment.

Patient’s Signature: _____ Date: _____

Print Name: _____