

MID STATE GASTROENTEROLOGY, LLC

NOTICE OF FINANCIAL POLICIES

Welcome and thank you for choosing Mid State Gastroenterology for your medical care. We would like to share the following information with you to help you understand your responsibility regarding charges for the services rendered to you by this office.

If you have any questions regarding insurance or billing, please do not hesitate to call our office at (732)303-3888.

Insurance Coverage and Payment Policy

1. We will bill your insurance(s) if you provide us with the correct billing address and policy number to ensure proper and timely payment from your insurance carrier. You will always be responsible to pay for:
 - a. Copayments at the time of service,
 - b. Annual deductibles
 - c. Coinsurance
2. **PLEASE BE ADVISED. IF YOU ARE SCHEDULED FOR A SCREENING PROCEDURE OR HAVE A HISTORY, YOUR PROCEDURE MAY BE PROCESSED BY YOUR INSURANCE AS DIAGNOSTIC. IN THAT EVENT, YOU MAY BE RESPONSIBLE FOR COPAYS AND DEDUCTIBLES.**
3. For patients who have insurance coverage with insurance companies we are contracted with, we will submit the claim. The Non-allowed amount will be adjusted per our contract.
4. For patients who have insurance coverage through an insurance carrier with which we do not have a contractual agreement, please note. We will submit a bill to your insurance carrier. You will not receive a statement from us until you owe a personal balance to Mid State Gastroenterology.
5. We are a participating provider with Medicare and will bill them directly. You are responsible for the following.
 - Annual deductibles
 - Coinsurance
 - Charges for non-covered services. You will be asked to sign an Advance Beneficiary Notice if the service provided is known to be a non-covered service.
6. For patients who have no insurance, we require payment on the date of service. You will be informed of the total payment due when your appointment is scheduled.

If you have insurance coverage, it is important for you to be aware of your out of pocket costs for payments not covered by your insurance such as deductibles, copayments, coinsurance and non-covered services. Also you will need to verify whether or not our physician and if applicable, the facility where the procedure will be performed participate with your insurance plan. We recommend that you contact your insurance company to discuss the costs prior to your office visit or procedure.

We participate with most major health plans, however it is your responsibility to verify that we are a participating provider with your insurance. You bear final responsibility for the payment of services rendered.

PLEASE NOTE: ALL CO-PAYMENTS ARE DUE AT THE TIME OF SERVICE. CASH, CHECK, MASTERCARD AND VISA ARE ACCEPTED. IF WE NEED TO BILL YOU FOR YOUR CO-PAYMENT THERE WILL BE AN ADDITIONAL \$5.00 SERVICE FEE.

Balance due statements

If you have a balance due on your account you will receive an itemized statement from our office. All charges are due and payable in full within 30 days.

Statements are mailed out monthly by first class mail. We trust that all mailed statements are received by our patients. Therefore, if payment in full is not received on your account within 30 days, then the past due account may be reviewed for possible transfer to a collection agency. In the event that the account does get transferred to a collection agency, there will be a fee of 25% of your balance or \$75.00 added to the account, whichever is greater. This fee may change at any time without prior notice.

Referral and Pre-certifications

If your insurance plan requires you to have a referral to see a specialist (such as our gastroenterologist), it is your responsibility to obtain one. Please contact your primary care doctor or the doctor who referred you to our office for this referral. We cannot see any patients without an appropriate referral. If a valid and current referral is not on file, you will be responsible for payment of the office visit and related service. As a courtesy to you we will contact your insurance company to obtain pre-authorization for tests our physicians order or precertification for procedures scheduled by our office.

Pre authorization and pre-certification are not a guarantee of payment and/or coverage by your insurance company. It is your responsibility to contact your insurance company to determine the extent of your coverage for the service. We can assist you by providing procedure code and diagnostic information that may be needed when you inquire about your coverage.

Endoscopy/Colonoscopy Procedure Billings.

If your physician performs an endoscopy/colonoscopy procedure you may receive invoices for the following services:

For the gastroenterologist professional services (from Mid State Gastroenterology, LLC)

For anesthesiology services (Anesthebest LLC or the Anesthesia group for CentraState Medical Center)

For the facility services (Freehold Endoscopy Associates, LLC or CentraState Medical Center)

Laboratory fees for your pre-admission testing

Pathology services if a biopsy was taken

Screening vs. Diagnostic Coverage

Insurance companies often provide screening coverage for routine screening colonoscopy. However, if during the course of your routine screening colonoscopy, the physician removes a polyp or performs a tissue biopsy, the procedure may be considered diagnostic and may not qualify for coverage as screening. In this case, you may be responsible for all or part of the procedure cost. It is important for you to discuss with your insurance provider to determine your out of pocket cost in these instances.

Lab/Radiology/Hospital Charges

Any service by the lab, radiology facility, hospital or center is a contract between you and the facility.

Any related concern should be discussed with that facility and is not the responsibility of our practice. It is your responsibility to determine which procedures your insurance will and will not cover at these facilities.

Collections

Any outstanding balance after 30 days of the date of service may be transferred to an outside collection agency. All accounts transferred to the collection agency will be subject to a fee of 25% of your balance or \$75.00 whichever is greater. These fees may change at any time without prior notice.

Returned Check Fee

If a check is returned to Mid State Gastroenterology for insufficient funds, we will bill you the amount of the returned check and an additional processing fee of \$30.00. This fee may change at any time without prior notice.

