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## Financial Policies

1. Statements are mailed each month. Payment is due upon receipt unless other arrangements are made in advance. If payment is not received before the next statement date, within 25 days, then the account is considered past due.
2. Accounts that require more than 3 billings to resolve the balance due will be assessed a *monthly non-adjustable service charge of \$10.00*, unless other arrangements have been made in advance.
3. Co-pays are due at the time of your office appointment. Therefore, if it is necessary to mail a bill for unpaid co-pays, the account will also be assessed a non-adjustable \$10.00 service fee.
4. Accounts that have not received any payments or acknowledgement for three consecutive months will be referred to a collection agency. A collection fee of 35% of the current outstanding balance will be added to the account.
5. Any checks returned for non-sufficient funds will receive a \$20.00 service charge.
6. We require **24 hour notice** for any **office visit cancellations**. Failure to give 24 hour notice or missed office appointments, will incur a non-adjustable \$25.00 fee.
7. We require **72 hour notice** for **cancellation or rescheduling** of any **procedures**. If you do not cancel your procedure appointment at least 72 hours before your scheduled appointment time, your account will be assessed a *non-adjustable service fee of \$250.00*. Any procedure appointments rescheduled without at least 72 hour notice will incur a *non-adjustable service fee of \$50.00*. **Multiple cancellations and/or rescheduling** of procedures by patients, regardless of 72 hour notice, will be charged \$50.00 to offset the amount of staff time and other expenses involved.
8. Patients with health insurance should remember that professional services are rendered and, therefore, the patient is ultimately responsible for all charges. As a courtesy, an insurance claim will be filed on your behalf. However, if no payment is received within 90 days of filing, then the patient is responsible for payment and for contacting his/her insurance for reimbursement.
9. More and more insurance plans carry a high deductible. Therefore, if a patient's insurance plan has a high deductible that has not been met; he/she may be asked for a down payment prior to or at the time of services.

I understand the above stated financial policies of Gastroenterology & Internal Medicine Specialists, S.C. I have been given an opportunity to have all of my questions answered regarding these policies. I understand that I am responsible for any services incurred on my behalf and agree to pay in full at the time of my visit unless prior arrangements are made. If I have health insurance, I authorize the release of any information necessary to allow for payment of my claim. I authorize direct payment to the doctor for services billed to the insurance company and authorize the claim to be filed by electronic means if available. If this account goes to collections, I agree to pay any legal fees, together with any collections costs and attorney fees incurred to effect collection of this account or future outstanding accounts.

Sign \_\_\_\_\_ Date \_\_\_\_\_