NORTHWEST GENERAL & COLORECTAL SURGERY P.A.

FINANCIAL POLICY

Thank you for choosing us as your healthcare provider. We are committed to your successful treatment. Please understand that payment of your bill is considered part of your treatment plan. The following is a statement of our financial policy that we require you to read and sign prior to any treatment.

We are committed to providing you with the best treatment and charge what is usual and customary for our area depending on the complexity of your case and the skills of our specialist surgeons. You are responsible for payment regardless of any insurance company's arbitrary determination of usual and customary rates.

Full payment is due at the time of service. All patients must complete our registration and insurance form before seeing the doctor. You are required to show us your insurance card at the time of registration along with proof of ID such as driver's license.

Co-Payment: Your Co-Payment is due before you see the doctor. If you have any remaining or unpaid balances these must be paid in full before you see the doctor.

Deductible: Your deductible is due before a procedure is scheduled. Your insurance company may require that you meet your deductible before they make any payment to us. If this is the case then our staff will ask you to pay us part or all of your deductible before the procedure can be scheduled.

Method of Payment: We accept cash, checks and most major credit cards. You may even call our office and we will gladly take your payment over the phone.

In-Network Plans and Medicare: We accept assignment of insurance benefits. However if your insurance carrier has not made payment within 60 days from the date of service, you may be billed for the balance. If the insurance company renders payment we will gladly refund the balance to you. Please be aware that some or perhaps all of the services provided may be non-covered services and not considered reasonable and necessary under Medicare/your insurance program.

Out of Network Plans: In certain cases we may not accept your insurance. Even in these cases we will work with you to provide the best treatment plan for you. Most likely you will have some out of network benefits and our billing office will work closely with you to minimize any out of pocket expenses. You may request a written estimate of your out of pocket expenses and we will be happy to provide one for you.

No Insurance: We will gladly take care of your health problems even if you do not have insurance. In most cases we can offer you a simple payment plan. You may call our billing company at 713-8501190 and we will be happy to help you. If you had an emergency surgery at the hospital, please call our office at 281-5831300 to determine what payment you need to bring for your first postoperative visit. If you are uninsured and qualify for charity please provide the required information to our billing company and we will work with you.

Workman's comp: We do not accept workman's compensation or auto accident claims.

Referral from your PCP: Some insurance companies require a written and/or verbal referral for an office visit. It is the patient's responsibility to obtain such a referral prior to the appointment. Legally we cannot obtain referrals for our patients. Please call your insurance company or your PCP's office to verify if you need a written referral before you see us.

Missed Appointments: Unless cancelled at least 24 hours in advance, our policy is to charge \$ 25 for missed appointments.

Delinquent accounts: Late payments may incur interest. If your bill remains outstanding after three notices it will be turned over to collections.

Forms and Documentation Fees: A documentation fee will be charged for each form that needs to be completed.

Returned checks: A \$ 25 fee will be charged for all returned checks.

Please remember our staff is here to help you. If you have any questions please do not hesitate to ask us. If you have any problems or complaints, please call our billing office at 713-8501190 and speak to lennifer.