

## **Gastro-Surgi Center Financial Patient Policies**

Carefully review the following information, contact us if you have any questions

Business Office Phone: (908) 317-9565

Thank you for choosing the Gastro-Surgi Center as your healthcare provider. The Surgery Center realizes that the cost of healthcare is a concern for our patients. We offer the following information to help you understand our financial policies and aid you in planning for payment. The Gastro Surgi Center is in-network for most insurance providers. This means most of the payment for your procedure will be made by your insurance provider. However, you must be aware of deductibles and co-insurance payments which are part of your benefits and are your personal responsibility.

Please be aware that some patients will be asked to bring their payment on the day of surgery. Payments may be made by cash, check, Visa@, MasterCard@, Discover@ and American Express@. **An on-line patient portal is provided on the website for your convenience.**

With the information provided by your physician's office, the Surgery Center will estimate the charges for your scheduled procedure or surgery. An exact fee cannot be quoted before surgery, since it is unpredictable what the findings may be at the time of your procedure/surgery and what specific procedures may be billed. We will estimate the portion your insurance will cover and estimate your patient responsibility.

Prior to your surgery, you **may** receive a call from the Surgery Center to explain our charges and confirm with you, what your insurance is expected to pay for these charges. You will be given the estimated patient responsibility at that time. If you have questions or concerns, please call our business office @ (908)317-9565.

**Insurance:** Your insurance is a contract between you and your insurance provider. We will promptly file your claim and supply information as required by the insurance company for claim processing.

For your claim to be filed in a timely manner, we require that you provide **current** patient and insurance information at each visit. Please remember to bring your current insurance cards and a photo ID with you to the Surgery Center.

If your insurance company contacts you for information or completion of a form, please respond immediately. Your untimely response could cause a delay or a denial of your claim. If the insurance company does not pay within sixty (60) days, you may be held responsible for the timely payment of your account. The Gastro-Surgi Center will not become involved in disputes between you and your insurance company.

### **Insurance Reimbursement**

If your insurance carrier reimburses you directly for our services, we expect you to send the signed insurance check and Explanation of Benefits to the Gastro-Surgi Center within seven (7) days. If the Surgery Center has not received the full amount of the insurance check within thirty (30) days, your account will be sent for collection action.

**Copayments:** All copayments must be paid at the time of service. A copayment or copay is a capped contribution paid by the patient each time a medical service is rendered. It must be paid before any policy benefit is payable by an insurance company.

**Deductibles and Coinsurances:** Your estimated deductible and coinsurance amount is due at the time of service. Your deductible is the amount you must pay out-of-pocket for services before your insurance company will begin to pay. Coinsurance is a co-sharing agreement between you and your insurance company which provides that your insurance will cover a set percentage of the covered costs after the deductible has been paid. If you have a high deductible plan, be prepared to pay for your services in full on the date of service. After your insurance has paid, any remaining patient responsibility will be billed to you. If our original estimate was too high, you will be refunded your overpayment in a timely manner.

**Payment Arrangements:** Full payment of the estimated patient balance is required at the time of service unless prior arrangements have been made. In the event the total patient balance is more than you can pay, contact the Gastro Surgi Center's

Business Office to make payment arrangements. The Gastro-Surgi Center will not deny anyone service because of their inability to pay in full on the date of service.

The Gastro-Surgi Center does not routinely offer payment plans longer than four (4) months. If you need a longer time to pay your balance, you will need to contact us for special arrangements. If you are having financial difficulty, our Business Office will work with you to get your account paid. It is your responsibility to inform us of any such concerns prior to your surgery.

**Medicare Patients:** The Gastro-Surgi Center participates with Medicare and accepts Medicare patients. Ambulatory Surgery Facility benefits for Medicare patients include a yearly deductible and a 20% copayment. You are expected to pay your deductible and estimated 20% on the date of service unless you have made prior arrangements.

**Self-Pay Accounts:** Patients that are not covered by insurance are expected to pay the surgical charges in full on or before the date of service. If you are unable to make payment in full, please call the Billing Office prior to your surgery to discuss financial arrangements.

**Returned Checks:** The charge for a returned check is \$35.00. If a check is returned for insufficient funds, the Gastro-Surgi Center requires that you make a payment equal to the returned check plus the \$35.00 charge within fifteen (15) business days of bank notification. The Gastro-Surgi Center will not accept a check for payment that was returned for insufficient funds.

**Collection of Unpaid Accounts:** If your account becomes delinquent, it will be turned over to a collection agency. A delinquent account is an account that has had no payments for sixty (60) days, sporadic payments, or non-payment of a check returned for insufficient funds. You will be responsible for all costs, including agency fees, attorney fees, court costs and other related expenses incurred in collecting the delinquent amount.

**Separate Billing:** You will receive a separate bill from your physician for his professional services at the Gastro-Surgi Center. In addition, most patients will have anesthesia, or some form of sedation provided by a Board-Certified anesthesiologist (a physician). We will bill your insurance provider for this professional service. You

will be responsible for your co- insurance and deductible if they have not been met. If your physician orders pathology while at the Gastro-Surgi Center, (for example, if he takes a biopsy, removes a polyp or a surgical specimen, it will be sent to a laboratory for examination) we will bill your insurance provider.

The Gastro-Surgi Center will make every effort to utilize network providers for your ancillary services.

**If you are experiencing financial hardship, please let us know.**