



FINANCIAL POLICY
Dr. Carol A. Lee-Collins

WE APPRECIATE THE OPPORTUNITY OF SERVING YOU AND WE
PLEDGE TO GIVE YOU OUR VERY BEST MEDICAL CARE.

FINANCIAL POLICY: Thank you for choosing our practice for your Gastroenterology needs. We are committed to providing you with the best possible care and to your treatment being successful. Your clear understanding of our financial policy is important to our professional relationship.

INSURANCE POLICY: Our practice will submit claims to "primary" insurance plans according to the terms of the individual agreements with the insurance company when they exist. Co-pays are due at the time of service and are payable by cash or check. If you are unable to pay your co-pay, you will be asked to reschedule unless the situation is of life threatening nature or prior arrangements have been made. Any previous balance needs to be addressed prior to seeing the Physician, unless other arrangements have been made with the practice manager. We do submit claims to the primary insurance carrier. Please note you will be billed for non-covered services per your insurance contract. We will also bill secondary insurance as a courtesy to our patients. However, if payment is not made by the secondary within 60 days of submission, you will be responsible for any balances due.

BALANCES THAT ARE THE "PATIENT RESPONSIBILITY" INCLUDE CO-PAY, NON-COVERED SERVICES, DEDUCTIBLES AND SELF-PAY.

Self-pay patients must pay on the date of services unless prior arrangements have been made.

Catalina Gastroenterology charges a \$25.00 no-show fee for office visit, \$250.00 for cancellation notices less than 48 hours or no-show fee for procedures. In addition this practice charges a \$40.00 non-sufficient fund fee on all returned checks. This practice also reserves the rights to access a 30% processing fee to any delinquent account referred to our collections or legal department.

It is your responsibility to inform Catalina Gastroenterology of any changes in personal and/or insurance information. Failure to do so may result in any balances becoming your responsibility.

I HAVE READ AND UNDERSTAND THE ABOVE FINANCIAL POLICY

SIGNED: _____ **DATE:** _____