

To Our Patients:

Thank you for choosing Atlantic Gastroenterology, PA for your medical needs. We look forward to providing you and your family with professional and compassionate medical care and service. In our efforts to meet your needs in a timely and efficient manner, we ask that you please review the following policies. If you have any questions, please ask one of our staff.

#### **Medications and Medication Formulary**

- Please bring your medications and any supplements you take to each visit so we can verify if anything has changed.

#### **Prescription Refills**

- If you need a prescription refill, please call at least 3 days before your medication runs out.
- If you have a routine refill request, please call between 9am and 4pm.
- If you have a prescription from another doctor's office, please call their office for refills.
- If you need to pick up medication samples, please contact our office 72 hours in advance. We are unable to process same-day or walk-in requests for samples.

#### **Lab Work**

- Lab reports will be given to you on your follow up visit or by phone within 72 hours.

#### **Forms and Medical Record Requests**

- If you need a form completed, please allow **5-7 business days** for completion. There may also be an additional administrative charge depending on the forms.
- If medical records are needed, please allow a **5-7 business days** to receive those records. An administrative fee may also be charged for medical records.

#### **Appointments**

- If you are unable to keep your appointment for your office visit or procedure, please call **at least 24 hours in advance** to cancel or reschedule your appointment.
- Appointments that are missed result in a cost to our office as other patients could have taken up that appointment time.
- If you fail to contact our office **at least 24 hours prior** to your office appointment, you will be charged a **\$25.00 fee**.
- If you fail to contact us at **least 24 hours prior** to your procedure, you will be charged a **\$200.00 fee**.

#### **Co-Payments, Deductibles and Co-Insurance**

- If your insurance policy requires a co-payment, please be prepared to pay at the time of your appointment.
- If your insurance requires a deductible or co-insurance, this is also due at the time of your appointment.
- Our office accepts cash, check, and credit card payments.
- All **self-payment plans have a minimum payment of \$200.00**. Please be prepared to pay this prior to being seen by our providers or you may be asked to reschedule your appointment. If your visit exceeds this amount, the balance will be billed and payment is due upon receipt.

#### **Billing, Fees, and Non Payment**

- Our office prides itself on making every effort to see patients who need medical care in a timely manner. For this reason we expect payment at the time of service or at receipt of statement.
- Any outstanding balances that you may owe after your visit will be billed out on a monthly statement.
- Any returned checks may result in a **\$25.00 fee**. You may also be required to pay by cash or credit card on any return visits until the balance is resolved.

- Patients with past due accounts may be prevented from making future **non-emergency** appointments until the balance is resolved. Future appointments will be at the discretion of our providers.
- Collection accounts may result in a negative credit rating and possible dismissal from the practice. Please contact our office if you have collections or billing questions.

**Insurance**

- It is the patient's responsibility to present a current insurance card at each visit and to notify our office if you have changes in your insurance. Otherwise, you may be responsible for payment.
- Our office does verify benefits and authorizations for services making every effort to provide you with accurate information. Please note that we are not responsible for incorrect information provided to us by your insurance company.
- We verify insurance benefits and file claims as a courtesy to our patients. Please know that we do so with your total service in mind.
- The law requires insurance companies to pay claims within 30 days of submission. Our billing department will make every effort to work with you and your insurance company to resolve claim issues. After 60 days, if your insurance company has failed to pay a claim and you as the patient have not provided accurate information or refuse to assist with insurance matters, you will be responsible for payment. If the insurance company pays after we receive payment from you, we will issue you a refund.

Thank you,

Atlantic Gastroenterology, PA

Please acknowledge that you have read and understand the office policies.

\_\_\_\_\_  
Patient Name (Print)

\_\_\_\_\_  
Patient Signature

\_\_\_\_\_  
Date