

EAU CLAIRE GI ASSOCIATES, S.C.

Patient Financial Policy

Thank you for choosing Eau Claire GI Associates, S.C. for your gastrointestinal care. We are committed to building a successful physician-patient relationship with you. Your clear understanding of our Patient Financial Policy is important to our professional relationship and that payment for services is part of that relationship. Please ask if you have any questions about our fees, our policies or your responsibilities.

Patient Responsibility: It is your responsibility to understand your benefits and coverage and to help obtain proper authorization when needed. It is also your responsibility to pay any deductible, co-insurance or any other balance not paid by insurance

Co-Payments Options: Co-payments are due at the time of service, which is required by your insurance company. We accept cash, check, credit and debit cards. The amount of your co-pay may be listed on the front of your insurance card. If it is not listed, please contact your insurance provider.

Self-Pay Accounts: Self-pay accounts are patients without insurance coverage, patients covered by insurance plans in which the clinic does not participate, or patients without an insurance card on file with us. Self-pay accounts will be discounted 15% when paid in full. You will be billed following your office visit with the balance due upon receipt. If you are to have a procedure, a 50% down payment is required prior to that scheduled procedure. We are willing to work with you to create a payment arrangement for the balance on your account if necessary. It is never our intention to cause financial hardship on our patients, only to provide them with the best care possible.

Insurance: You will need to present your insurance card upon your initial visit, and/or whenever there is a change in your insurance. Please contact your insurance company if you have questions about covered services.

Insurance is a contract between you and your insurance company(s). In order to properly bill your insurance company(s), we require that you disclose all insurance information including primary, secondary and any other relevant insurances. We participate in most major insurance plans; however it is YOUR responsibility to make sure the physician you are seeing is listed with your insurance plan as a participating provider. The insurance company will make the final determination of your eligibility and benefits. If your insurance company is not contracted with us, or is out of network, you will be responsible to pay any portion of charges not covered.

Denied Claims: Our office will provide all necessary medical information to your insurance carrier to properly process your claim. In the event your claim is denied for any reason, the balance becomes your responsibility and payment is expected at that time.

Returned Checks: Any account that have payments returned due to non-sufficient funds (NSF) will be charged a \$40.00 Fee. This fee, as well as the account balance, is due upon receipt.

Payment Plan Options: Patients who have outstanding balances as the result of deductibles, co-insurance or who are uninsured, can work with our office to set up a payment plan. Eau Claire GI will not waive, fail to collect, or discount co-payments, co-insurance, deductibles or other patient financial responsibility in accordance with State and Federal law, as well as participating agreements with payers.