

Ranvir Singh, MD



Digestive Care Physicians, LLC

Ph: 770-227-2222 • Fx: 770-227-2220 • www.digestivecarephysicians.com

1505 Northside Blvd., Ste. 2850, Cumming, GA 30041

Stephen Rashbaum, MD

11459 Johns Creek Pkwy., Suite 240 • Johns Creek, GA 30097

3400-A Old Milton Pkwy., Suite 545, Alpharetta, GA 30005

PATIENT AGREEMENT

Payment For Service

Payment is required at the time of service. We accept cash, check, Visa, MasterCard, Discover and Amex, or your banking check card. If you must pay more than your co-pay for your scheduled surgical procedure, payment is expected at the time of service. We are unable to bill you for your office visit co-pay and are unable to process our claim for your visit without having collected your co-pay. **Therefore, all co-payments will be collected at Check-In.**

Courtesy Filing Of Claims

As a courtesy, we will file your insurance. Filing your insurance is not a means of payment and does not preclude you from paying your co-payment or your co insurance today. Should your insurance company deem all or part of our charges for your care today, "non-payable", you will be responsible for payment on those charges. **To avoid misunderstandings, our billing department is available to answer questions regarding fees or payments prior to your visit from 8:30 a.m.- 5:00 p.m. 770-227-2222.**

Negotiating of Claims

We do not accept responsibility for negotiating claims with your insurance company or any other persons. We will however, do whatever possible to assist in payment. If a claim remains outstanding for 60+ days the balance will be transferred to patient responsibility. You are responsible for payment of your medical care within a reasonable time regardless of the status of claim. Reduction or rejection of your claim by your insurance company does not relieve the financial obligation you have incurred.

Scheduling Fee's

In the event that you are unable to keep your scheduled surgical appointment we simply ask that you contact our office 24 Hours **PRIOR** to your scheduled appointment date and time. Should you "No-Show" for a scheduled Colonoscopy or Upper Endoscopy procedure you will be required to provide us with your credit card number to hold your next Surgical Appointment - should you "No-Show" for the second scheduled slot your card will be charged a \$150.00 No-Show fee.

As our surgical schedule is maximized to best coordinate your care, we discourage the need to reschedule your Procedure repetitively therefore, we may require a \$50.00 rescheduling fee in the event that you need to move your appointment based on non-medical reasons.

*Unpaid Account Balances:

All accounts that remain unpaid past the receipt of the third patient statement will accrue a \$25.00 transfer fee on top of the past due balance and then be transferred to our outside collections agency.

Referrals:

Please take note that if you hold an HMO Insurance Policy or Medicaid that it is your responsibility to obtain and maintain a written referral from your referring physician for services rendered in our office. Failure to obtain referrals will result in your co-payment, deductible and coinsurance balances being higher. If you have questions regarding this statement please contact our Office Manager at 770-227-2222.

Disclaimer:

Insurance companies will not guarantee payment when we call for authorization. **Therefore, it is imperative that you call your insurance company to verify your benefits.** Our medical assistant does as a courtesy, verify benefits, but there can be misquotes and or misunderstandings - you will be responsible for all fees deemed "patient responsibility" when we receive your Explanation of Benefits.

Patient Signature (Guardian)

Date