

Patient Financial Policy Sheet
North Texas Gastrointestinal Associates
Dr. Shawn W. Panzer

To reduce confusion and any misunderstanding between our patients and this practice, we have adopted the following financial policies. If you have any questions regarding these policies, please discuss them with our office manager. We are dedicated to providing the best possible care and service to you and regard your complete understanding of your financial responsibilities as an essential element of your care and treatment.

Unless other arrangements have been made in advance by either you or your health insurance carrier, we require full payment at the time of service. For your convenience we accept Visa, Mastercard, Discover, and American Express cards, cash or local check.

Your insurance

- It is your responsibility to know your healthcare benefits and coverage limitations.
- You are responsible for checking with your insurance plan regarding any co-payment, deductible or coinsurance that you may owe at the time of service.
- We have contracts with many major insurance carriers to accept an assignment of benefits. This means that we bill those plans for which we have an agreement and will require you to pay the authorized copayment at the time of service. This office's policy is to collect this copayment when you arrive for your appointment. Co-payments are a contractual obligation with your insurance company.
- If you have insurance coverage with an insurance plan for which we do not have a contract with, we will send a claim for you on an unassigned basis. Consequently, you will have a higher than usual out of pocket expense and the charges for your care are due at the time of service.
- In the event your health plan determines a service as "non-covered" you will be responsible for the complete charge. Payment is due upon receipt of statement from our office. 90 days past due accounts will have a 6% finance charge applied.
- We will bill your health plan for all services provided in the hospital, whether done inpatient or outpatient. Any balance due is your responsibility and is due upon receipt of a statement from our office.
- If you undergo a procedure, in addition to a bill from your physician, you will also receive a bill from the surgery center or hospital where the procedure is performed as well as anesthesia.
- For scheduled appointments, prior balances must be paid prior to the visit.

Minor Patients

- For all services rendered to minor patients, we will look to the adult accompanying the patient and the parent or guardian with custody for payment.

I have read and understand the financial policy for North Texas GI Associates, the office of Dr. Shawn Panzer, and I agree to be bound by its terms. I also understand and agree that the practice may amend such terms periodically.

Signature of patient or responsible party

Date