

Thank you for choosing ***Digestive Disease Associates of Rockland PC*** as your health care provider. We are committed to providing you the best possible medical care. Please understand that payment of your bill is important. The following is a statement of our Financial Policy, which we require you to read and sign prior to any treatment. All Patients must complete our registration and medical history forms before seeing the doctor.

***Regarding Insurance:***

As a courtesy our office will bill your insurance for the services you will receive. We cannot bill your insurance company unless you give us correct insurance information. **It is your responsibility to inform us if your insurance has changed at any time during treatment.** Please understand that your bill is ultimately your responsibility whether your insurance company pays or not. Your insurance policy is a contract between you and your insurance company. We are not a party to that contract. If your insurance company has not paid your account in full within 45 business days, it will then become your responsibility to pay the balance. We accept Cash, Check, AE, Discover, Visa and Master Card. All co-pays are due at the time of treatment.

***Usual and Customary Rates:***

Our practice is committed to providing the best treatment for our patients and we charge what is usual and customary for our area. You are responsible for payment regardless of any insurance company's arbitrary determination of usual and customary rates. Please be aware that some of the services provided may be non-covered services and not considered reasonable and necessary under your medical insurance. You will be asked to sign an advance beneficiary notification statement if these services are non-covered.

***Missed Appointments:***

Due to the amount of time allotted for scheduled endoscopic procedures, we do request at least 2 working days notice for cancellation of any procedures. **It is our policy to charge a \$75.00 cancellation fee if given less than 48 hours notice. We will waive this fee if we are able to fill your procedure time; however, there is no guarantee that we will be able to do that in such a short amount of time.** Please help us serve you better by keeping scheduled appointments.

***Patient Balances:***

If payment is not received within 30 days of the statement, a late fee may be applied to your balance as follows:

***Additional Charges***

Please be aware that you may receive separate invoices from various other providers for ancillary services rendered to you during your procedure:

- **Anesthesia Services are provided by Medical Ancillary Services, PLC**
- **Pathology Services are provided by Digestive Disease Associates of Rockland (Drs. Rizk or Dr. Xu) or Pathline/Emerge Laboratories.**

You may receive a bill for these services in addition to the charges from Digestive Disease Associates of Rockland, PC

***Pathology Co Payments***

Some Insurance companies require Digestive Disease Associates of Rockland, PC to collect a co-pay for pathology services rendered by Drs Rizk and Xu. If your insurance company advises us that a co-payment is due, we will bill you accordingly.

Thank you for understanding our Financial Policy. Please let us know if you have questions or concerns.