

# GENERAL SURGERY ASSOCIATES

## FINANCIAL POLICY

We are committed to timely, successful and cost-effective treatment of our health care needs. In order for us to maintain this high standard of health care, it is necessary for us to strictly adhere to financial policies. Please understand that payment of your copay/bill is considered a part of your treatment. The following is a statement of our financial policy, which we required you to read and sign prior to treatment.

### PAYMENT INFORMATION:

Copays are collected prior to seeing the doctor. For your convenience, we accept cash, personal checks, Visa, Mastercard, Discover.

Copays also apply if patient requests transfer of care or 2<sup>nd</sup> opinion from another doctor at General Surgery Associates.

### SURGERY:

If surgery is necessary, copays for elective procedures will be collected prior to being scheduled. It is the patient's responsibility to cancel an unwanted surgery by calling our office within 72 business hours. Please note that facility does not notify us when a surgery is cancelled. If patient fails to do so, the patient will be charged a \$50.00 cancellation fee which will have to be paid prior to surgery being rescheduled.

### CASH DISCOUNT:

Patients that do not have insurance coverage (cash pay patients only) will be offered a 20% discount on charges and will be collected prior to seeing the doctor. Surgeries are not scheduled until paid in full or a deposit has been made.

### INSURANCE:

As a courtesy to our patients, we will bill all of your insurances. In order to do so, we must have updated and accurate insurance information. Please be aware that your insurance policy is a contract between you and the insurance company. It is your responsibility to know your benefits. Your account with this office is your responsibility whether or not your insurance company pays. If your insurance company has not paid your account in full within 90 days, your account will become a CASH account with the balance due and payable immediately and prior to your next visit. By signing this agreement you authorize your assignment of benefits for your insurance carrier to pay General Surgery Associates directly for any services rendered.

### MINOR PATIENTS:

The legal guardian of a minor patient is responsible for full payment of the account. If parents are divorced it is the responsibility of the parent signing for the patient. We do not get involved in any custody matters.

### MISSED APPOINTMENTS:

Because our practice is extremely busy, please help us to better serve you by keeping all scheduled appointments. As a courtesy our office will confirm your appointment the day before. We ask that you please cancel or reschedule any appointment you are unable to keep within 24 business hours Your scheduled time. Any appointments not canceled within 24 hours will result in \$25.00 no show fee.

**RETURNED CHECKS:**

There will be a \$25.00 fee for all returned checks. If a check is returned, you will be expected to pay by cash, credit card, or money order for all subsequent services.

**COLLECTION POLICY:**

I agree to be financially responsible for all charges incurred regardless of insurance coverage. In the event my account is referred to a collection service due to lack of payment on my part, I agree to pay all collection/legal fees that may be added to my account. If referred to a collection agency, any and all past balances need to be paid prior to seeing the doctor.

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

**STUDENT OBSERVATION**

General Surgery Associates participates in health care provider education. Students may observe in care and treatment while they are under the supervision of General Surgery Associates physicians. The student is a member of the health/clinical care team and the experience forms an important part of their medical education program. Medical students need to be given opportunities to observe in clinical interactions in order to acquire the knowledge, skills, behaviors, attitudes and judgment required for future practice. We appreciate your participation in the educational process of our future physicians. If you wish to decline the student’s observation please inform the staff.

***I have read, understand and agree to this Financial Policy.***

\_\_\_\_\_  
Signature of Patient/Legal Guardian

\_\_\_\_\_  
Print Patient Name

\_\_\_\_\_  
Date

**Thank you for choosing General Surgery Associates as your healthcare provider.**

**FOR YOUR VISIT**

To better serve you, we ask that you:

- Arrive 20 minutes prior to your scheduled appointment time.
- Bring your insurance card, photo ID, and the completed attached paperwork with you the day of the appointment.
- If you’ve had testing pertaining to your diagnosis, I bring all your x-rays or other diagnostic testing films (MRI, CT Scan, Ultrasound, etc) and reports to your appointment.
- If you must cancel or reschedule your appointment, please call the office at least 24 hours in advance.
- Only one person allowed with the patient in consultation unless arrangements are made prior to appointment.
- Please be aware FMLA/Disability forms are only to be completed after a surgery date is given. There is a \$10.00 charge for the first form and \$5.00 for any additional forms prior to completion. Please allow 5 business days for forms to be completed.
- Per your insurance, copays are due at the time of service.
- We make every effort to honor your appointment time. Occasionally, due to emergencies, you may have a long wait or appointment has to be rescheduled on short notice (i.e. doctor called to surgery)
- Please contact us with any questions. (702) 382-8222

**Thank you in advance for your cooperation.**