



Self-Pay Policy

Middlesex Gastroenterology Associates understands that not everyone has an insurance policy. We have instituted a Self-Pay discount based on average insurance rates. The costs will be determined at the end of your visit based on the level of service provided. This policy is a written agreement with our billing department to ensure compliance with the patient and Middlesex Gastroenterology Associates.

We require a prepayment at the time of your visit. Discounted services require full payment within 30 days from your date of service or discount will be voided.

Office Appointments – Required prepayments are as follows:

- ***New patients and*** consultations - \$250.00
- ***All follow up patients*** - \$100.00 (at every appointment's time of service)

In the event of an overpayment, you will be refunded the remaining balance

Procedures – Fees for procedures can vary. The following prepayment is required:

- *Colonoscopy* - \$300.00
- *Endoscopy* - \$250.00
- *Colonoscopy & Endoscopy* - \$500.00

The balance will be billed. ***The above procedure prepayments are specific to the doctor only; you will be billed separately by the facility, anesthesia and pathology.***

Our goal is to communicate your financial obligation as clearly as possible in order to focus more fully on your health care. These are prepayment guidelines and not actual costs for procedures, consultations or office visits. If you have any further questions, please call our billing department (860)344-5970.

I _____ understand the information given on this Self-Pay Policy Form and that I am liable for services rendered.

Signature: _____ Date: _____