# Middlesex Gastroenterology Associates, LLC

Financial Policy

**Patients with Insurance:**

- The patient is responsible to provide Middlesex Gastroenterology Associates (MGA) with current, accurate billing/insurance information at the time of scheduling and check-in and to notify MGA of any changes in this information.

- MGA verify insurance eligibility and obtain any necessary Authorizations prior to rendering treatment. Prior Authorization does not guarantee of payment.

- **Co-pay is to be paid at the time services are rendered.** This is a contractual agreement between the patient and their health plan. MGA also has a contractual agreement with the health plan to collect co-pays at the time of service and are required to report to the carrier any enrollees failing to pay the co-pay.

- We will bill to MGA participating insurance plans as a courtesy to our patients if the patient provides the required insurance information before the filing deadline and signs an assignment of benefits statement. All information given regarding the ability to pay, third party insurance, employments, etc will be subject to verification.

- **It is the patient's responsibility to determine whether a referral is required and if they are in network with our practice**. The referral can be requested from your primary care physician. If you are unable to obtain the referral, you will be rescheduled.

- If your insurance rejects, denies, or covers only a portion of treatment, the patient will be responsible for immediate payment of the balance due. If this information is available in advance a deposit may be required prior to the services rendered.

**Uninsured Patient:**

- All charges are due and payable by the date of service.
- All payment arrangements must be made with the Billing Office.
    - **Office Visits:** Payment Arrangements made prior to your visit are due upon arrival. Your account will be flagged with the amount due. Without payment, your visit may be rescheduled.

    - **Procedures:** Payments must be made with our Billing Office prior to your procedure by phone, mail or in person. Non-payment may result in rescheduling your procedure.
- We accept cash, checks and major credit cards.

**Procedure Fees are broken down and billed separately as follows:**

1. Professional – Physician's fee for performing the procedure
2. Anesthesia
3. Pathology – If biopsies are taken or a polyp removed, the specimen is sent for analysis.
4. Facility – Use of the facility

*It is the patient's responsibility to confirm deductible, copay and coinsurance amounts and in network*

**No show and Cancellation Policy:**

- Failure to cancel an office visit at least 24 hours prior to the scheduled appointment time will result in a fee of $50.00. Failure to cancel a procedure at least 3 days in advance may result in a fee of $100.00. The patient is responsible for the fee which will not be applied to any co-pay, deductible or coinsurance.

**Delinquent/Unpaid Account/Returned Checks/Additional Fees:**

- Prior to your procedure, payment of outstanding account balances will be requested and should be received unless arrangements have been made with our Billing Office.
- There is a $15.00 service charge for any co-pays that are not paid at the time of service.
- There is a $25.00 Administration Fee if you need disability/FMLA paperwork filled out.
- If your account goes into collections, your account will be charged up to 15% of the total amount due.
- Checks returned to MGA for insufficient funds, closed account, stopped payment or for any other reason will be subject to a $25.00 fee.

**Refunds:**

- Overpayment will be refunded to the appropriate party
- Patient refunds will not be processed until all active or past due accounts are paid in full

**For additional billing information or questions, please call our billing office at 860-344-5970**

**For questions specific to your insurance coverage, please call the customer service number on the back of your insurance card.**

I understand that I am obligated to pay the account of Middlesex Gastroenterology Associates in accordance with the regular rates and terms of the office. I agree to pay Middlesex Gastroenterology Associates for any and all charges not actually paid by insurance benefits, including those charges not covered by my insurance policy and those charges that my insurance company deems to be experimental or medically unnecessary. If my account is not paid, I will pay all court costs, attorney's fees and other costs incurred by Middlesex Gastroenterology Associates to collect the balance owed.

**The undersigned certifies that he/she has read, understood and agreed to the foregoing, and is the patient or his/her representative.**

Name (Please Print): _____

Signature: _____Date: _____

Relationship to Patient: _____

Revised 2/2024