

Financial Policy Agreement

Digestive Disease Group / The Greenwood Endoscopy Center

This Financial Policy is an agreement between **Digestive Disease Group / The Greenwood Endoscopy Center (Creditor)** and the **Patient or Responsible Party (Debtor)** named below. By signing this document, you acknowledge and agree to the terms outlined below.

Financial Responsibility

You are responsible for the payment of all services received. This includes all amounts not covered by insurance, such as co-payments, deductibles, and non-covered services.

Monthly Statements

Monthly statements are issued if your account has a balance. These statements reflect:

- Previous balance
- New charges
- Payments or credits made

Payment Terms

- **Due Date:** Payment is due upon receipt of your statement. Balances not paid by the end of the month are considered past due.
- **Co-Payments:** Insurance-required co-pays must be paid at the time of service. These cannot be billed to you later.

Payment Options

If You Have Insurance:

- Deductibles and out-of-pocket costs may be paid at the time of service via **cash, check, credit card, HSA, or FSA**.

If You Do Not Have Insurance or Have a High Deductible:

- Payment is expected on the date of service.
- If unable to pay in full, the following down payments are required:
 - \$75 for office visits
 - \$150 for consultations
 - \$500 for procedures
- Monthly payments will be arranged at **10% of the remaining balance**.

Insurance Policy

- Insurance is a contract between you and your insurance company. We are not a party to this contract.
- We bill your primary and secondary insurance as a courtesy.
- You are responsible for charges not covered by insurance.
- You are responsible for obtaining required referrals and pre-authorizations. Failure to do so may result in denial or reduction of coverage.

Charges and Account Management

- Charging privileges may be revoked, requiring payment at time of service.
- Overpayments will be refunded within 60 days.

Know and Understand Your Insurance and Bill

Payment at Time of Service

- **Self-pay, co-payments, and deductibles** are due at the time of service. These amounts are based on information provided by you and your insurance company at the time of verification.
- If you anticipate difficulty paying, contact our Billing Department at **(864) 227-3636, option 5**.

Insurance Billing

- We file insurance claims for professional services provided at Digestive Disease Group, PA.
- Facility charges are billed separately by Greenwood Endoscopy Center, Inc. The same account number will be used for both.

Understanding Your Bill

Depending on your coverage, you may receive multiple statements:

- **Physician Fee** (Digestive Disease Group, PA): For performing services.
- **Anesthesia Fee** (Digestive Disease Group, PA): For anesthesia administration.
- **Pathology Fee** (Advanced Pathology Solutions): For any biopsy/polyp analysis. Contact APS at (501) 225-1400 for billing questions. Slide preparation appears on the Digestive Disease Group, PA bill.
- **Facility Fee** (Greenwood Endoscopy Center, Inc.): For use of the facility. This is a separate bill. Some insurance plans have facility co-payments ranging from \$200–\$500.

Patient Responsibility

- **Call your insurance provider** to verify coverage for preventative, routine, or screening services.
- Determine whether pre-certification is required for your visit or procedure.
- You are financially responsible once services are rendered, regardless of insurance payment.

Insurance Participation

We are in-network with Medicare and many managed care plans. We file **primary, secondary, and tertiary claims** if complete information is received in advance.

Before scheduling, please check with your insurance carrier to confirm:

- Provider and facility are in-network
- Your annual deductible and out-of-pocket maximum
- Your specialist co-pay
- Referral requirements

Accepted Insurance Plans

We accept the following:

- Absolute Total Care
- Aetna
- Ambetter
- Anthem Blue Cross Blue Shield
- Blue Choice / Blue Option Exchange
- Blue Cross Blue Shield (including State and Federal)
- Blue Essentials Exchange
- Cigna
- Champ VA
- Humana
- Mail Handlers / GEHA
- Medicaid
- Molina Health Exchange
- Optum VA
- PAI / Preferred Blue
- Select Health
- Traditional Medicare / Medicare Railroad
- Tricare / Tricare for Life
- United Healthcare (UMR, Golden Rule)
- Wellcare

Uninsured or Self-Pay Patients

- Discounted rates are available for uninsured, underinsured, or those choosing not to file insurance.
- If you choose the **self-pay option**, we will not file insurance. Full payment is requested at the time of service.
- Contact our Billing Department to discuss self-pay options.

Past Due Accounts

Accounts past due may be sent to collections. You agree to pay:

- Collection costs
- Attorney fees
- Court costs

Legal venue is **Greenwood County, South Carolina**. Future services may be denied until balances are paid.

Missed Appointment Fees

Fees apply for no-shows or late cancellations:

- Office visit: \$25
- Consultation: \$50
- Colonoscopy/Upper Endoscopy: \$100

Fees must be paid before rescheduling. Patients with **more than two missed appointments** will require physician approval to reschedule.

Divorce and Financial Responsibility

- Pre-divorce/separation balances remain the original responsible party's obligation.
- Post-divorce, the parent authorizing care for a minor is responsible for those charges.
- If the divorce decree assigns financial responsibility to the other parent, it is the authorizing parent's duty to collect.

Waiver of Confidentiality

If your account is submitted to collections or legal action, your treatment may become public record.

Co-Signature Responsibility

A co-signer remains financially responsible until a written cancellation is submitted. Cancellation is only effective for future charges.

Effective Date

This policy is effective upon your signature and remains in force for all future services.

Print Patient's Name: _____ Responsible Party: _____

Patient's Signature: _____ Date: _____