

FINANCIAL POLICY

Thank you for choosing Digestive Disorders Associates (DDA) as your Gastroenterology specialty healthcare provider. We are committed to providing you and your family with the best available medical care. We would like to keep you informed of our current office and financial policies. We require you to read and sign this agreement. We will place a signed copy in your chart, and you may keep a copy for future reference.

Payments for all services will be due at the time services are rendered. In order to serve you better, we accept cash, check, Visa, MasterCard, Discover and American Express. As a courtesy to you, it is the policy of DDA to bill your insurance carrier, although you are ultimately responsible for the entire bill. We will be glad to bill a maximum of two (2) insurance companies. We cannot bill your insurance company unless you give us your correct insurance information and driver's license.

(PLEASE INITIAL THE FOLLOWING)

1. Your medical insurance is a contract between you and your insurance company. We are not a party to that contract, and your bill is ultimately your responsibility whether your insurance company pays or not. We will not become involved in disputes between you and your insurer regarding deductibles, co-payments, covered charges, and secondary insurance charges. As your medical provider, we will only supply facility information to facilitate claim processing.

2. All co-payments, insurance deductibles and fees for services not covered by your insurance policy are due at the time service is rendered. The co-pay cannot be waived, as it is a requirement placed on you by your insurance company. You will be responsible for co-payments to the following: Digestive Disorders Associates.

3. All charges are your responsibility whether your insurance company pays or does not pay. If your insurance carrier does not remit payment in full within 60 days, the balance will be due in full from you. Any balance unpaid after 60 days from the date of services rendered will be subject to interest at the annual percentage rate of 18%. If any payment is made directly to you for services billed by our center, you recognize an obligation to promptly remit payment to Digestive Disorders Associates.

4. If you are unable to keep your appointment, you will notify our office at least 24 hours before your scheduled appointment. Late cancellations, missed appointments,

returned payments, and collection fees incurred by use of an outside collection agency are subject to the following fees:

- Missed appointment: \$50
- Returned payments: \$35 per transaction
- Professional collection agency: All attorney fees and costs that apply to collections

5. Please remember to bring your referral if required. If you do not have your referral you will be required to re-schedule, or pay in full for your visit.

6. Self-pay patients are required to pay their visits in full at the time of service. If you are unable to pay your balance in full, you must set-up a payment plan with our Financial Counselor who can be reached at 410-224-4887.

7. I acknowledge that I have received the following prior to being seen by a physician:

- HIPPA NOTICE
- Financial Policy Agreement
- Office Policies and Procedures Agreement
- Credit Card on File Authorization

8. I consent to DDA's use and disclosure of my protected health information for treatment, payment, and health care operations. I understand that I have the right to revoke this consent in writing, except where DDA has already made disclosure in trust, based on prior consent.

I UNDERSTAND THE ABOVE INFORMATION AND WILL BE RESPONSIBLE FOR THE PATIENT LISTED BELOW:

Printed Name of Patient: _____ Date: _____

Signature of Patient/Responsible Party: _____