**FINANCIAL POLICY**

The proceeding information sets forth Main Gastroenterology, P.C.'s policy as to patient responsibility for payment and services. Patients are responsible for providing Main Gastroenterology, P.C., with the correct insurance information at the time of rendered services. **It is the patient's responsibility to verify that Dr. Mannone and the Hospital he performs procedures are considered in network with their insurance provider prior to office visit and rendered services.**

**Participating Insurance Plans:**

This office will use its best efforts to collect co-payment, coinsurance, and deductible amounts at the time of visit where applicable. It is our policy to bill out any remaining payments due for rendered services according to insurance policy with an unmet deductible. This office will attempt to obtain payment from primary and secondary insurance carriers. Patients assign Main Gastroenterology, P.C. the right to receive sufficient payments from said insurance. Any amounts not received by primary or secondary insurance within 45 days of the date of service are the patient's responsibility. The Federal Government Agency that administers the Medicare and Medicaid programs, has determined that except for certain circumstances, the discounting or waiving of a patients co-pay or deductible is unlawful.

**Non-Participating Insurance Plans:**

If this office or the facilities procedures are performed at do not participate with your insurance plan, payment for services rendered is due at the time of service. For any services provided at the designated facility that may be considered out of network with your insurance carrier payments for services will be your full responsibility. Services rendered will be charged at the customary fee schedule.

**No Show/Late Cancellation Policy:**

It is the policy of this office to collect $35.00 for any unattended office appointments that are not canceled 24 hours in advance. A $150 fee will be charged for any unattended procedures without 3-5 days' notice.

**Returned Check Fee:**

Checks returned by the bank, for any reason, are subject to a service fee of $35 per occurrence.

**Financial Policy**: Cash, checks and credit/debit cards will be acceptable forms of payment. All patient responsibility balances (after insurance has paid in full) will be billed to the patient every 28 days for three billing cycles with increasingly stronger messages on each statement. Patients that do not pay their balances or contact Practice first to make payment arrangements will be referred to its designated collection agency. Patients are responsible for any attorney fees or collections expenses incurred should their account be delinquent. Utilization of this threshold was determined as the cost of billing or refunding the patient exceeds the balance itself. Group will refund overpayments to patients or insurance companies within 30 days as notified by Practice first monthly.