

# Gastroenterology Associates

*Gastroenterology and Hepatology*

www.gastroassociates.org

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## Financial Policy

The following disclosures are made in compliance with the Federal Truth in Lending Law.

### Dear Patient,

We would like to share the following policy with you so that you understand your responsibility regarding the charges for the services rendered to you by this office. All charges are due and payable, in full, within 14 days from the date the statement is received.

If you require payment arrangements, you must speak with our billing office to receive approval for a payment plan. Payment plans are approved on a temporary basis, and reviewed after three months time.

### New Patient Fees

New patients may be charged a higher fee on their first visit to cover the costs associated with establishing care with their physician's practice. A new patient is one who has not received any professional service from the physician or another physician of the same specialty who belongs to the same group practice within the past three years. Subsequent visits at the same level of care will be charged at a lesser fee. If you have any questions concerning the fee you have been charged, please contact our billing department at 360-413-8921.

### Returned Check Charge

If a check is returned to Gastroenterology Associates for insufficient funds, we will attempt to put the check through one additional time. If the check is returned a second time, we will bill you for the amount of the check and an additional handling fee of \$20.

### Medical Insurance Billing

1) We will bill your insurance(s) if you provide us with the correct billing address and policy number to ensure proper and timely payment from your insurance carrier. You will always be responsible to pay at the time of service for:

- Co-payments
- Annual deductibles
- Coinsurance
- Charges for non covered services\*

**\*You will be asked to sign a waiver of liability form if the service provided is known to be a non covered service.**

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2) We are a participating provider for Medicare and will bill them directly. We will accept assignment on Medicare claims. You are responsible for the following:

- Annual deductibles
- Co-payments
- Coinsurance
- Charges for non covered services\*

**\*You will be asked to sign a waiver of liability form if the service provided is known to be a non covered service.**

3) For patients who have insurance coverage with an insurance carrier with which we do not have a contractual relationship, please note the following:

- We will submit a bill to your insurance carrier. You will not receive a statement from us until you owe a personal balance to Gastroenterology Associates.
- Payment for the balance is due and payable in full within 14 days from the date the statement is received.

4) For patients who have no insurance coverage, we require a pre-payment on the date of service. You will be informed when your appointment is scheduled of the two options you have for payments:

1. Pay for your visit in full on the date of service and receive a 10% discount.
2. Pay \$50.00 on the date of service and be billed for the remainder of the balance. Payment for the balance is due and payable in full within 14 days from the date the statement is received.

**“Please Note”: All Co-payments are due at the time of service. Cash, Check, Visa Discover or MasterCard are accepted.**

For patients who have insurance coverage with insurance we are contracted with, we will submit the claim(s). The non allowed amount will be adjusted per our contract. Please contact one of our offices at the phone number listed below if you have any questions.

**All payments should be mailed to the following address:**

**Gastroenterology Associates  
PO Box 12655  
Olympia, WA 98508**

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Olympia Office / 500 Lilly Road NE, Suite 204, Olympia, WA 98506 / (360) 413-8250  
Shelton Office / 939 Mountain View Dr., Suite 120, Shelton, WA 98584 / (360) 427-2733