



320 Lillington Ave  
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Charlotte, NC 28204-3189

Phone: 704.362.4403

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## **FINANCIAL POLICY**

Thank you for choosing Queen City Gastroenterology & Hepatology, PC (QCGH) to care for your digestive health. We will do our best to make your relationship with us as trouble-free as possible. You will avoid the hassle of multiple statements, letters, and phone calls; and remain an active patient of QCGH by following these few guidelines.

It is your responsibility to provide accurate information regarding your primary and any secondary or tertiary insurance coverage. It is your responsibility to inform QCGH of any changes in your insurance coverage, including receipt of new insurance ID cards. Any services that are rejected by your insurer because we did not have the correct insurance information at the time of service will become your responsibility. We will make decisions about your financial responsibility based on the information you provide. We will bill to all insurance companies in which we participate with.

### **Patients with Insurance Plans with whom QCGH participates**

- I. If your insurance plan is one with which QCGH is a participating provider (i.e. a plan with which we have a contract) your co-pay is due at the time of each visit. The terms of our contract with your insurance plan requires that we collect payment of the co-pay at time of service.
- II. If your insurance plan is one with a deductible and/or co-insurance amount, we are obliged to collect payment at the time of service or prior to endoscopic procedures being performed.
- III. For all endoscopic procedures involving commercial, participating/non-participating insurance companies, QCGH will verify insurance eligibility, obtain any necessary preauthorization and submit a claim to the insurance company. It is **your responsibility** to contact the insurance company to obtain specific benefits for the procedure. If a payment is not received from your insurance company within thirty (30) days from the date of service, you will then be held responsible for the outstanding portion of their bill. If a payment is received from the insurance company and there is an outstanding balance remaining, you will then be responsible for the balance due.

### **Patients with Insurance Plans with whom QCGH DOES NOT participate**

If you are covered by an insurance plan with which QCGH does NOT participate (those insurance plans which we do not have a contract), **you are responsible** for full payment of office visit charges at the time of service. These charges can vary based on the extent of the visit. We will provide you with an itemized receipt at the time of service so you can obtain reimbursement from your insurance company. If we schedule you for a procedure during your office visit, you will be asked to make a down payment of \$350 on the procedure scheduled.

### **Patients who do not have Insurance Coverage**

If you are not covered by an insurance plan, you are responsible for payment of the office charge at the time of service. These charges can vary based on the extent of the visit. If we schedule you for a procedure during this visit, you will be asked to make a down payment of \$350 on the procedure scheduled.



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**Payment Methods**

Accepted forms of payment are cash, Mastercard, VISA, Discover as either a debit or credit card. The credit card alternative has become very popular because it allows patients who so desire to pay the balance over time at flexible amounts and ensure that their QCGH account is current.

**Payment Plans**

If need be, a payment plan is available to you. To keep your balance from growing and increasing the hardship, the plan will be set up to pay your existing balance over a reasonable period of time (90-day collection period) and a portion of current charges as your care continues.

**Our Collection Policy**

Patients not making payments or other financial arrangements on outstanding bills according to our policies will be sent a pre-collection letter following ninety (90) days of the billing cycle. Thereafter, QCGH's patient collection procedure will be followed.

Delinquent accounts will be reviewed to determine the need for additional collection activity, distribution to a collection agency, or other financial alternatives such as credit adjusting or Small Claims Court action.

There will be a \$25 fee charged when patients "No Show" for office visits and a \$50 fee when patients "No Show" for procedures. Patients who cancel an office visit with less than 24 hours notice or a procedure with less than 3 days notice will be charged \$25 for the visit or \$50 for the procedure.

There will be a \$50 charge for processing checks returned for insufficient funds. Additionally, all future payments must then be in the form of cash, money order, credit or debit card, or certified check.

This financial policy enables QCGH to comply with the legal terms of insurance contracts and ensures that patients understand their financial responsibilities. Patients should feel free to ask for assistance or clarification if they have any questions about their bill or QCGH policies.

"I acknowledge receipt, understanding and agreement with the terms listed in this financial policy."

X \_\_\_\_\_  
Signature of Patient or Responsible Party Date

Patients refuse to sign Financial Policy

\_\_\_\_\_  
DDA Representative Date