

# DOWNRIVER GASTROENTEROLOGY, P.C.

## Financial Policy

*We are dedicated to providing the best possible care for you, and we want you to completely understand our financial policies.*

1. Payment is due at the time of service unless arrangements have been made in advance by your carrier. We accept cash, personal checks, Visa and Master Card. **There will be a \$40 charge for returned checks.**
2. Your insurance policy is a contract between you and your insurance company. As a service to you, we will file your insurance claim if you agree to have your insurance company pay the doctor directly. If your insurance company does not pay, we will have to look to you for payment.
3. We verify all insurances when you come in for your visit. If applicable, **you are required to pay your co-payment/deductible at the time of your visit.**
4. Not all insurance plans cover all services. In the event your insurance plan determines a service to be “not covered” you will be responsible for the complete charge. Payment is due upon receipt of a statement from our office.
5. We will bill your insurance company for all services provided in the **office and hospital.** You are responsible for any balance due.
6. **There is a fee for the completion of all forms. (i.e. Insurance, Disability, FMLA, AFLAC)**
7. **There will be a \$50 charge for procedures cancelled if less than 24 hour notice is given.**

I have read and understand Downriver Gastroenterology’s financial policy and I agree to be bound by its terms. I also understand and agree that such terms may be amended by the practice from time to time.

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Signature of Patient or Guardian

Date

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Please print the name of the Patient or Guardian