



Cabarrus Gastroenterology Associates, PLLC

YOUR FINANCIAL OBLIGATIONS

Northeast Digestive Health Center/Cabarrus Gastroenterology Associates, PLLC are dedicated to providing you with the best possible care and service. To assist you, please read the following financial policy. Should you have any questions regarding our financial policy, feel free to discuss them with a member of our staff.

The charges for your visit depend on the nature and the complexity of your problem. If you have questions regarding the charges made for any visit, please direct them to the Business office at (704) 783-1840.

If you do not have insurance, a basic initial consultation fee (determined by the practice) must be paid before your initial visit. For your convenience, we accept most major credit cards, check and cash. If you unable to pay, your appointment will be rescheduled.

If you have insurance coverage, you must provide current copies of your insurance cards to ensure proper filing. If your insurance cards are unavailable, then you are responsible for **ALL** services until we receive your cards. Our office will file your insurance before you receive a balance due statement. You will receive a monthly statement to keep you involved in your financial responsibility. After we have received payment and/or explanation of processing from your insurance, you will then receive a statement of any remaining balances that are due from the patient.

All Co-pays, deductibles and coinsurance are due at the time of service. If you cannot pay your co-pay, deductible or coinsurance, your visit will be rescheduled. Many insurance companies require an authorization, or referral, for office visits and/or procedures in order to receive full benefit coverage. If you are not sure if authorization or, a referral, is required for your plan, please contact your insurance company, employer or primary care physician. If an authorization is required, it must be received in our office prior to your visit. Failure to provide NDHC/CGA with proper authorization may result in having to reschedule your appointment for that day, cause a delay in your appointment time, or result in you being responsible for all services related to your office visit.

In the event your health plan determines that a service is not **covered**, you will be responsible for the complete charge. In this case, we will bill the patient for the remaining balance and payment is due upon receipt of that statement unless prior arrangements have been made.

If you are an established patient, and have a balance due here at our office, a payment of 50% or more, of balance owed must be paid to continue office visits.

Patient overpayments on individual charge items will be applied to other unpaid charges. Once the total account bill is satisfied and an overpayment exists, a refund will be made to the responsible party at the end of the month. NDHC/CGA will not refund amounts less than \$5.00 unless specifically requested.

Any charge that is greater than 120 days without satisfactory payment provisions being made will be considered delinquent. NDHC/CGA reserves the right to turn over delinquent accounts to a collection agency. A written notification will be sent to the address provided for the responsible party prior to submitting the delinquent bill to the collection agency. When appropriate, NDHC/CGA will grant the collection agency written consent to initiate litigation against the responsible party.

Atrium Health Cabarrus or Gateway Surgery Center will bill separately for all procedures.

These terms may be amended periodically by the practice. Rev 2017