

GASTROENTEROLOGY DIAGNOSTICS OF NORTHERN N.J., P.A.

OFFICE FINANCIAL POLICY

- You are responsible to supply our staff with a photo ID and current insurance card(s) on the day of service.
- Make sure you provide a valid referral the day of your procedure if your insurance company requires one.
- We will submit a facility charge to your insurance company for your procedure. You are responsible for meeting your deductible, co-pays, and co-insurance. Once you receive a statement, a full payment is expected in a timely manner.
- We will submit balances to your secondary insurance company on your behalf. You are responsible for any co-pays, co-insurance, and deductible as described in your insurance handbook.
- RETURNED CHECK FEE: \$50

Thank you for understanding our office financial policy. Please feel free to let our billing department know if you have any questions/concerns or if you need to discuss a payment arrangement.

I have read the above office financial policy; I agree and understand its terms.

**You will receive this form at our facility