

# FINANCIAL POLICY

**Center for Digestive Health and Nutrition, P.C.**  
**and**  
**Three Rivers Endoscopy Center**  
**725 Cherrington Parkway, Suite 101, Moon Township, PA 15108**

Welcome and thank you for choosing Center for Digestive Health and Nutrition/Three Rivers Endoscopy Center. We are dedicated to providing the best possible care and service to our patients, and regard their understanding of financial responsibility as an essential element of quality care and treatment.

An extremely important factor that our patients need to be aware of is that when a sedated procedure is performed, there are usually **THREE or FOUR SEPARATE FEES** charged:

1. A **PROFESSIONAL FEE** from the doctor performing the procedure. Charges for the Center for Digestive Health and Nutrition will include services provided by the physician.
2. A **FACILITY FEE** from the surgical facility in which the procedure was performed. Procedures may be performed at Sewickley Valley Hospital, Ohio Valley General Hospital or Three Rivers Endoscopy Center. The facility fee encompasses fees charged for the operating and recovery rooms, equipment, medications, nursing care and standard supplies (as examples).
3. An **ANESTHESIA FEE** from the organization providing these services. Sheridan Anesthesia Services of PA provides these services for Three Rivers Endoscopy Center.
4. A **PATHOLOGY FEE** will be charged if there is a biopsy taken during a procedure. These services are usually provided by Center for Digestive Health and Nutrition, Sewickley Valley Hospital, or Freedom Pathology.

*Note: Fees for services are available by contacting our Billing Office.*

## INSURANCE

- It is the responsibility of the patient or the responsible party to provide our office with the correct insurance information during each visit and to let us know of any upcoming changes to the insurance carrier. Please bring a current insurance card to each visit.
- The parent(s) or guardian(s) accompanying a minor are responsible for providing current insurance information for the minor as well as payment in full for services provided.
- Failure to provide current and correct insurance information will result in the patient being responsible for all charges relating to the services provided.
- If a patient has insurance coverage under a plan with which we do not have a contract, the patient will be responsible for payment of all charges. This means the patient will be responsible for the entire balance.
- As a courtesy, prior to the date of a procedure, we verify the patient's insurance coverage and benefits making every effort to communicate non-covered services. Our quote of benefits is not a guarantee of benefits or payments.
- Please be aware, if a colonoscopy is scheduled as a screening and converts to a surgical procedure (due to a biopsy being performed), insurance benefits may change resulting in a larger than anticipated balance for which the patient will be responsible.
- If the patient's insurance requires a specialist referral, it is the patient's responsibility to obtain the referral from his or her primary care physician. Office visits and procedures require separate referrals for each visit.
- If the insurance company denies a claim for any reason, this amount will become the patient's responsibility.
- In the event that the patient's health plan considers a service to be "non-covered", the patient will be responsible for the entire charge. Payment in full will be due at the time of service.
- We **estimate** the amount the insurance company may pay, however it is the insurance company that makes the final determination of the patient's eligibility and benefits.
- We will bill the patient's health plan for physician services in the hospital. The same financial responsibilities apply. (See "PAYMENTS" below.)

**INSURANCE (Continued)**

- HIPAA regulations prevent us from discussing details of services rendered with, or to produce an itemized bill for anyone other than the patient unless otherwise properly documented and authorized.
- Insurance coverage and benefits are a contract between the patient and the insurance company. The insurance company should be contacted in the case of a dispute of coverage.

**PAYMENTS**

- All copays, deductibles, coinsurances and non-covered items and charges are the patient's financial responsibility and are due during the check-in process unless prohibited by your insurance provider. Failure to produce a required payment at check-in may result in the appointment being rescheduled.
- We only collect an **estimated** facility and professional fee payment on the date of service. Therefore, there may be additional balances due from the patient along with a professional fee, anesthesia fee, and a pathology fee after insurance processing.
- Any payment made during the check-in process may be applied to either Center for Digestive Health and Nutrition or Three Rivers Endoscopy Center based on the manner in which the insurance company processes the claims. This may result in a transfer of funds between the two entities.
- Self-pay patients are responsible for payment in full at the time of service.
- We accept cash, VISA, MasterCard, Discover, AMEX, money orders and personal checks.
- There will be charge of \$35 for any check returned due to insufficient funds, plus any bank fees incurred.
- Payment plans for patients with extenuating circumstances must be approved by the Business Office Manager.
- Patients who are provided services at the Center for Digestive Health and Nutrition may make online payments at: [www.PayMyDoctor.com](http://www.PayMyDoctor.com) or by phone at 412-262-1000, option 6.
- An approved payment plan must include a Credit Card Authorization Form on file.
- Unless a payment plan has been approved, account balances not paid within three billing cycles may be sent to a collection agency.
- All balances must be current and in good standing before a new appointment may be scheduled.
- Patients are responsible for forwarding all insurance reimbursements/payments/checks immediately upon receipt for services rendered at Center for Digestive Health and Nutrition, and Three Rivers Endoscopy Center to: Attention: Billing Department, 725 Cherrington Parkway, Suite 100, Moon Township, PA 15108.

**MISSED OR CANCELED APPOINTMENTS**

- We value the time we have set aside to care for our patients. We ask that patients call our office within 24 hours to avoid a cancellation fee of \$25.00 for Center for Digestive Health and Nutrition, and within 48 hours to avoid a cancellation fee of \$50.00 for Three Rivers Endoscopy Center.
- All cancellation fees must be paid before a new appointment can be scheduled.

If you have any questions regarding this policy, please contact our Billing Office at: 412-262-1000, option 6.

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**I have read and understand the Financial Policy for the Center for Digestive Health and Nutrition, P.C., and Three Rivers Endoscopy Center, Inc. made effective 4/1/2019. I agree to comply and accept the responsibility for any payment that becomes due as outlined in this Financial Policy**

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Patient's Name

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Responsible Party's Name

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Signature of Patient or Responsible Party

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Date