



Scheduling and Billing Policies

"No Show Policy"

Missed appointments without prior notification are considered "No Show" appointments. There will be \$25.00 assign fee which will need to be paid in full prior to scheduling any further appointments. In the case of the first No Show, you will receive a letter of notification advising you of the No Show. The No Show will be documented in your account ledger and chart. In the case of two No Shows or missed appointments, Gastrointestinal Specialists of Miami, Inc. will no longer provide patient care services. The patient will be notified of the discharge by a certified letter.

"Confirmation"

Please confirm your consultation appointment to avoid cancellation. You will receive a reminder telephone call from our office **1 Day** prior to your appointment in which we will advise you that you must confirm your appointment.

"Rescheduling and Cancellation"

We track cancellations and reschedules. Please kindly provide us with a 24 hour notice if unable to keep an appointment. If you reschedule or cancel more than 3 times in one year you may not be allowed to reschedule a visit.

"Late Arrivals"

Late arrival for a scheduled appointment leads to inappreciable time to accommodate the remaining patients on the schedule. As such, late arrivals of greater than 20 minutes may not be able to be seen depending on the time available. In addition, those patients who are on the schedule and here at the assigned time will be seen first. We will try to accommodate late appointments if the time permits.

"Billing"

Gastrointestinal Specialists of Miami, Inc. require Deductibles, Coinsurance, and Copays to be paid at the time of the visit. This will be collected at the reception desk at check in. Our office will verify your insurance benefits and may contact you prior to your visit to discuss them with you. It is your responsibility to be aware of the limits of your insurance benefits. Once your insurance has paid, you will become responsible for any balance due. Payment is expected within **30 days** of billing. If you are unable to make payment in full at the time of service, payment arrangements may be made. If you do not have medical insurance and are self-pay, you will be expected to pay for the visit at the time of service.



“Repeat Exams, Tests and Procedures”

After a thorough initial work up by our physicians, it is sometimes necessary to repeat certain exams, tests, or procedures you might have already had done by your primary care or referring doctor.

“Accepted Payment Types”

We welcome cash, credit card, and checks as payment. Be advised that the office will assess a fee for each “insufficient funds” check returned to us.

“Past Due”

An account is considered to be “delinquent” after 60 days. If you receive a final notice from us, you must pay your balance in-full. If we do not receive payment after sending a final notice, we will be forced to send your account to a collection agency and/ or list your failure to pay with the Credit Bureau.

“Billing Policies”

We comply within all guidelines set forth by Medicare, Medicaid (T-19), and participating HMO, PPO, AND POS plans.

We appreciate the fact that understanding health insurance coverage can sometimes be complicated and confusing. Knowing your insurance benefits will help clarify your responsibility and will aid with possible non-covered services.

Many insurance companies will pay only what they consider to be usual and customary charges. This varies by insurance company. In such cases, you are responsible for any remaining balance.

If you belong to a participating HMO, PPO, or POS, any copay must be collected at the time of service.

If you do not have insurance coverage, you must pay for all services in full within 30 days and/or make payment arrangement with the office billing department.

I have read through and agree with these terms

Patient Signature: _____