

## Lafayette General Endoscopy Center • Financial Policy

Thank you for choosing Lafayette General Endoscopy Center for your Endoscopy Procedures. We are committed to your treatment being successful. Please understand that payment of your bill is considered part of your treatment. The following is our Financial Policy & Agreement that we require you to read and sign before any treatment.

### PLEASE READ ALL INFORMATION AND ACKNOWLEDGE BY SIGNING BELOW:

1. **Payment Requirements-** Unless other arrangements are approved, payment is due in full on the day of the procedure. We accept cash, checks, and credit cards. If payment in full creates a hardship, ask to speak to the Business Office Manager to discuss other payment options.
2. **For minors,** the adult accompanying a minor is responsible for full payment. For unaccompanied minors, non-emergency treatment will be denied, unless the responsible parent or guardian has signed a release for treatment, and there is payment by cash or check at time of service or insurance coverage verified. In such case, any applicable coinsurance or copayment must be paid in full.
3. **Refunds:** If for some reason your out-of-pocket payment was too much, we will refund the overpayment to you where that amount is in excess of \$3.00.
4. **Assignment of Benefits and Rights-** If you have health insurance or Medicare your signature of this document evidences your agreement to irrevocably assign and transfer all right, title and interest in benefits, for our services, payable under such programs to Lafayette General Endoscopy Center. You agree to authorize and direct that any such payments be made directly to Lafayette General Endoscopy Center. You further agree to irrevocably assign and transfer to Lafayette General Endoscopy Center the right to pursue administrative appeals of denials of claims for benefits and to assert legal claims or causes of action that may arise against your insurer or health plan for the wrongful denial of claims for benefits. This transfer and assignment shall be for the sole purpose of granting Lafayette General Endoscopy Center the independent right of recovery against your insurer or health plan, but shall not be construed as creating an obligation to exercise such rights.
5. **Regarding Insurance-** This office will file on your behalf insurance claims for endoscopy procedures upon receipt of necessary insurance information. This is a service that we provide, but please remember that you may be ultimately responsible for payment if your insurer or health plan does not pay in full.
6. **Balance Billing-** As per La. R.S. 22:1880; Healthcare services may be provided to you at a network health care facility by facility-based physicians who are not in your health plan. You may be responsible for payment of all or part of the fees for those out-of-network services in addition to applicable amounts due for co-payments, coinsurance, deductibles, and non-covered services. Specific information about in-network and out-of-network facility-based physicians can be found at the website address of your health plan or by calling the customer service telephone number of your health plan.
7. **Managed Care:** We participate in several managed care plans. If you are enrolled in a managed care plan, you agree to cooperate and comply with all pre-certification or pre-authorization, benefit verification or other requirements. We make an effort to understand the covered services under your plan. We also comply with insurance company pre-certification and insurance verification, however this does not guarantee payment. If your insurance company denies payment of services provided or does not pay for all services billed, you may be responsible for the balance.
8. **Payment Arrangements:** Payment arrangement on outstanding balances will be expected. For balances greater than \$100 you will be expected to pay the outstanding balance in equal installments over a six month period.
9. **Self-Pay Patients-** LGEC accepts self pay patients granted we receive payment in full at the time of service. In the event your physician finds something and extra work is required over and above your original quote you will receive additional charges from our facility.
10. **Past due accounts-** Open accounts with no acceptable payment\* activity for 60 days will be considered past due.
11. **Collections-** Open accounts with no acceptable payment\* activity for 120 days will be automatically placed with our collection agency. If this action becomes necessary, you will be responsible for payment of the original balance plus any billing charges, finance charges, collection fees and attorney fees and expenses incurred in collecting amounts owed. (\*Acceptable payment on an account will be determined on an individual basis. Please contact the Business Office Manager if you intend to make payments on your account. This will avoid any misunderstandings.)

I have read and have a full understanding of the Financial Policy of Lafayette General Endoscopy Center:

\_\_\_\_\_  
Patient

\_\_\_\_\_  
Date

\_\_\_\_\_  
Representative Signature

\_\_\_\_\_  
Relationship to Patient

\_\_\_\_\_  
Witness

\_\_\_\_\_  
Guarantor Signature Required  
(For Minor in non-emergent situation)