



Akron Digestive Disease Consultants, Inc.

YOUR FINANCIAL OBLIGATIONS

Akron Digestive Disease Consultants, Inc. is 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 (330) 869-0124 ext. 227.

If you have insurance coverage, you must provide current copies of your insurance cards. 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 for your financial responsibility after claim is processed by your insurance.

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. It is my responsibility to know what my insurance covers and to ask questions prior to receiving service. Many insurance companies require an authorization, or referral, for office visits and/or procedures in order to receive full benefit coverage. Failure to provide ADDC 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 at the time of scheduling.

- I authorize release of any medical or other information necessary to process the claim.
- I authorize payment of my insurance benefits directly to Akron Digestive Disease Consultants.
- Charges for lab tests sent to and billed by external lab are my responsibility.
- I understand that ADDC will charge late cancel and no-show fees if I do not cancel an appointment within 24 hours before appointment.

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.

Any charge that is greater than 90 days without satisfactory payment provisions being made will be considered delinquent. ADDC/Collection Agency 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.

Medicare Part B Recipient Authorization: I request payment of authorized Medicare benefits be made on my behalf for services furnished me by ADDC. I authorize the release to Medicare, or its agents any information needed to determine these benefits or the benefits payable for related services.

Agreement valid for one year from date signed.

Signature: _____

Date: _____