

GASTROENTEROLOGY SPECIALTIES, P.C. and/or LINCOLN ENDOSCOPY CENTER L.L.C

We are here to assist you in providing information to your Health Insurance Company so that payment may be made according to the coverage you have purchased. Please keep in mind that not ALL services are a covered benefit in all Plans and that your insurance coverage is an agreement between you and your insurance company. Payment for services at Gastroenterology Specialties, P.C. and/or the Lincoln Endoscopy Center, L.L.C. are ultimately the patient's responsibility.

****BRING Your Insurance Cards to Your Appointment!**

Insurance Pre-Authorization is the PATIENT'S RESPONSIBILITY!

If your Insurance Plan requires an authorization for care or treatment, it is the PATIENT'S responsibility to obtain one prior to your visit. Contact your Insurance Carrier if you are not sure. IF a referral is not obtained, your insurance company may deny payment coverage and could result in patient responsibility.

Patient Deductibles, Coinsurance and Co-Pay Responsibility

Patient Deductibles, Coinsurance and Co-payment amounts are established by your Health Plan and are due at the time of service. This does include the Nebraska Department of Human Services Medicaid Program.

Insurance Filing

We will file your primary and secondary insurance for you as a courtesy if the following conditions are met:

- 1) The Assignment of Benefits (below) has been signed.
- 2) Primary and secondary insurance information is provided to us at the time of the visit.

PATIENTS WHO FAIL TO PROVIDE INSURANCE INFORMATION ARE DIRECTLY RESPONSIBLE FOR PAYMENT OF THEIR ACCOUNT.

Services provided by the physicians of Gastroenterology Specialties, P.C. will be billed separately from the facility charge at the Lincoln Endoscopy Center, L.L.C.

No Insurance Coverage – Payment is due at time of service, or acceptable payment plan reached before the date of service.

Checks, Cash, Visa, MasterCard, Discover and Debit Cards are accepted. Payment arrangements must be arranged prior to the visit. An Account Representative will be happy to assist you and can be reached at (402) 465-3636. They will be happy to assist you with any questions you may have regarding these available payment options.

Delinquent Accounts

Accounts that have not been paid within 30 days of initial billing will be considered delinquent. These accounts will be charged 16% annual interest. If acceptable payment arrangements have not been made, these accounts will be considered for collection or legal action. In the event of nonpayment, you are responsible to pay the cost of collection and/or court costs and reasonable fees should they be required.

Assignment of Benefits

I hereby give authorization to release medical information necessary to process my health insurance claim and request payment of benefits be made to Gastroenterology Specialties, P.C. and/or the Lincoln Endoscopy Center, L.L.C. I understand I am financially responsible for charges not covered or denied by my insurance company. A photocopy of this agreement shall be as valid as the original. This authorization is to remain in effect until revoked in writing by me or my legal representation.

Financial Agreement

I have read and agree to the terms and conditions of the Financial Policy of Gastroenterology Specialties, P.C. and the Lincoln Endoscopy Center, L.L.C. as stated above. I agree that a photocopy of this agreement shall be as valid as the original.

Patient's Signature or Responsible Party

Date