

**THE GASTRO CLINIC**  
**OFFICE POLICY**

Welcome to the Gastroenterology Clinic of Acadiana. In order for our medical staff to be able to deliver the quality of care that you are accustomed to, we have established our office policies. The following is a list of guidelines that are necessary in order to continue to provide high quality care and make your visit as pleasant as possible.

**PLEASE READ ALL INFORMATION AND ACKNOWLEDGE BY SIGNING BELOW.**

1. We ask that you present your insurance card at each visit. It is your responsibility to provide us with the correct information to bill your insurance.
2. You will be asked to provide us with up to date health information at each visit so that we can treat your health issues as a priority.
3. If you have a change of address, telephone number, employer, etc., please notify our office. The office number to call for changes is 337-232-6697.
4. Patients need to be aware that Gastroenterology Clinic of Acadiana is a specialty consultant clinic. The physicians/nurse practitioners of Gastroenterology Clinic of Acadiana are NOT primary care providers
5. We will collect your deductible, co-payment, or charge for non-covered services at the time of your visit. If you have a balance after an insurance payment from a previous service, we will also ask for that payment. We accept cash, checks, Visa, and MasterCard.
6. **Medicare Patients:** We are participating providers with Medicare and will bill Medicare for all your covered charges. If you have supplemental insurance, we will also bill that for you. If you do not have supplemental insurance, your portion (20% of amount allowed by Medicare) will be collected at the time of service. Each year you will be expected to pay the allowed amount of your charges until your Medicare deductible is met.
7. **Insurance covered Patients with plans that we participate with:** If we participate with your plan, we will bill your insurance for you. Your co-payment/co-insurance will be collected at the time of service - no exceptions. If your plan requires you to have an authorization to see a specialist, you will need to obtain that from your PCP.
8. **Insurance covered Patients with plans that we do not participate with:** If we do not participate with your plan, we will verify your out-of-network benefits, file your charges, and will expect payment of your portion of the charges at the time of service.
9. If your insurance denies our charges and/or does not pay your claim within 60 days, we have the right to turn the entire balance over to you.
10. **Self-Pay Patients:** *Established* patients with no insurance will be expected to pay at the time of service. *New self-pay patients* must put down a deposit prior to services rendered.
11. **Procedures:** If you are scheduled for a procedure (Endoscopy–Gastroscopy or Colonoscopy etc...) you will be required to pay your portion of the physician charges at least 48 hours prior to the day of the procedure. Failure to pay may result in cancellation of the procedure
12. **Screening Colons:** If we are scheduling a screening colon, we feel it is important that you know that if during the colonoscopy a biopsy, polypectomy, or snare procedure needs to be done, then the procedure changes from a screening to a therapeutic procedure. Your insurance may pay in a different manner.
13. If your account becomes delinquent, we reserve the right to refer your account to a collection agency and to be reported to the credit bureau. Any fees assessed by the collection agency will be the patient's responsibility. Delinquent account refers to non-payment 90 days after the balance becomes your responsibility.
14. Please be aware that this office bills for Physicians and Nurse Practitioners of Gastroenterology Clinic of Acadiana. You will incur separate charges from LGMC Endoscopy Center for Procedures. Separate charges for Pathology and/or Anesthesiology, depending on your procedure, may apply.
15. **No Shows or Missed Appointments:** When an appointment is scheduled with the doctor, time is specifically allocated for you. When an appointment is not cancelled in advance, and the patient "no shows", another patient that needed to be seen may have been unable to because the time slot was already taken. We understand there may be times when you are unable to keep an appointment, but we ask the courtesy of a phone call to cancel an appointment by you 24 hours in advance.
16. The MD has the discretion to discharge the patient back to their primary physician at any point once the specialty concerns have been addressed.

Remember, whether you do or do not have insurance, you are ultimately financially responsible for payment of your charges. If you have any questions regarding this office policy, please feel free to contact us.

I have read and have a full understanding of the policies of Gastroenterology Clinic of Acadiana.

\_\_\_\_\_  
Patient

\_\_\_\_\_  
Date

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

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

\_\_\_\_\_  
Witness

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