

## Westchester Digestive Disease Group, LLP

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### **FINANCIAL POLICY**

Thank you for choosing Westchester Digestive Disease Group, LLP for your gastrointestinal care. We are dedicated to providing you with the best possible care and we have developed this policy in response to the increasingly confusing and complex healthcare system.

It is important for you to understand that your insurance plan constitutes an agreement between yourself and your insurance company and not between The Westchester Digestive Disease Group, LLP and your insurance company. Therefore, it is your responsibility to understand and meet the requirements of your plan. It is also important that you bring your insurance card to each visit and that you notify us as soon as possible of any change in coverage. Failure to notify the office of a change in coverage may result in charges for services becoming your responsibility regardless of whether or not we participate in your insurance plan.

All payments are due at the time of service unless arrangements have been made in advance with our billing manager. We accept cash, check, money orders and credit cards.

Additionally WDDG requires valid credit card information prior to services being rendered. Your credit card account will not be charged until 30 days after the services provided have been processed by your health insurance carrier and the balance has been deemed to be your responsibility. You will be notified by mail or phone of the outstanding balance prior to charging your credit card at which time you will have a choice of payment options.

**INSURANCE:** You are responsible for any co-insurance, deductibles or non-covered services as required by your insurance. You will receive a statement from our office indicating what your insurance has paid. Any remaining balance is due upon receipt of the statement.

**CO-PAYS:** Your insurance company requires that co-payments be collected at the time of service. The co-pay requirement cannot be waived by our practice as it is a requirement placed by your insurance carrier.

**REFERRALS:** Most HMO and POS insurance plans require a referral from your primary care doctor before specialty services are rendered. It is your responsibility to obtain the referral and to make sure that our office has received it prior to your visit. The cost of any services received without a referral or proper authorization will be your responsibility.

**MEDICARE:** We accept assignment on Medicare claims. If you have Medicare and do not have secondary insurance coverage, you will be required to pay your 20% co-pay (and your deductible if applicable) at the time of the visit.

**NO INSURANCE:** Payment is due at the time of service. Payment questions and issues should be discussed in advance of the visit with the billing manager.

RETURNED CHECKS: A \$30.00 charge will be added to your account for any check returned for any reason.

DISABILITY or INSURANCE FORMS: If you request, we will be happy to assist you in completing disability forms. There may be a charge for completing these forms; usually \$10.00 for one page (front and back); \$25.00 for 2-4 pages; \$250.00 for booklets and completion by a physician. There may be additional fees for a detailed narrative report. Please ask about charges at the time of your request as charges must be paid before the report is released.

MEDICAL RECORDS: We will provide you a copy of your medical records upon request. You will need to sign a release form at the time of pick-up. Please allow 7-10 days for us to copy your records. If you wish us to mail your records there may be an associated fee to cover the mailing costs. Additional copies of your medical record may be obtained but there is a per page charge.