

Patient Financial Responsibility Policy

Thank you for choosing us as your healthcare provider. By seeking our medical services, you accept the financial responsibility to ensure full payment for the services received from the following practices:

Gastrointestinal and Liver Consultants (GILC) – Professional Services

Orange County Digestive Center (OCDC) – Facility/Ancillary Services

Orange County Digestive Anesthesia (OCDA) – Anesthesia/Ancillary Services

To help you understand your financial responsibility, please read and sign this form. If you have any questions, feel free to ask. By signing below or receiving services from GILC, OCDC, or OCDA, you agree to the following terms:

1. **Payment Responsibility:** You are ultimately responsible for all payment obligations arising out of your treatment or care and guarantee payment for these services. You are responsible for deductibles, co-payments, co-insurance amounts or any other patient responsibility indicated by your insurance carrier.
2. **Insurance Policy Knowledge:** You are responsible for knowing your insurance policy. For example, you will be responsible for any charges if any of the following apply: (i) your health plan requires prior authorization or referral by a Primary Care Physician (PCP) before receiving services, and you have not obtained such an authorization or referral; (ii) your health plan determines that the services you received are not medically necessary and/or not covered by your insurance plan; (iii) your health plan coverage has lapsed or expired at the time you receive services; or (iv) you have chosen not to use your health plan coverage. If you are not familiar with your plan coverage, we recommend you contact your carrier or plan provider directly.
3. **Billing Statement:** You will be mailed a billing statement that contains the total cost of your service(s) or procedure(s) received during your visit(s). You may generally expect this billing statement within twenty (20) days after your insurance company has responded to a submitted claim. You must notify us of any errors or objections to the billing statement within thirty (30) days or they will be deemed accurate, and the fees and expenses shall be deemed reasonable and necessary for the services incurred. If there is a problem with your account, it is your responsibility to contact the Billing Department to address the problem or to discuss a workable solution.
4. **Payment Methods:** We accept payment by check, cash, money order, online portal, debit cards or credit cards. If you would like to make a payment through online patient portal, contact billing department to set up account.
5. **Managed Care (HMO, PPO, etc.):** All managed care co-payment amounts are due at the time of service. If your insurance plan requires a referral authorization from a PCP you are responsible for presenting this at your initial visit. If you request an office visit without a referral authorization, your insurance plan may deem this as “out of network” or “non-covered” treatment, and you will be responsible for a larger amount or all the charges. You acknowledge that it is your responsibility to be aware of what services are covered and you agree to pay for any service deemed to be non-covered or not authorized by the plan.
6. **Medicare:** We are a participating provider with the Medicare program and accept as payment the Medicare allowable. You understand that you will be responsible for your annual deductible, co-payment, 20% co-insurance, and any non-covered services specified by Medicare, which can be billed to a secondary insurance if you have one.

7. **Medicaid/Medi-Cal.** If you are a Medicaid/Medi-Cal patient, you must present a valid eligibility card at the time of registration and prior to the time of service. Your eligibility status will be verified the day before your date of service. Without verification of coverage, you will be responsible for the full/entire balance of your account. As a courtesy to you, your account will be billed to Medicaid/Medi-Cal when we receive all necessary information. You are responsible for non-covered portions and spend-down requirements associated with your individual coverage. If at any time you are not eligible for Medicaid/Medi-Cal coverage and wish to be seen, you will be treated as a self-pay patient and must make payment at the time of service.
8. **Professional, Facility and Anesthesia Services for Procedures.** You will receive bills from several different providers for the care rendered to you on the day of your procedure:
 - a. **Physician Performing the Procedure (GILC):** GILC will bill your primary and/or secondary insurance company for your professional services and make every effort to get our charges paid. If your insurance company, however, deems the professional charge(s) or the services of the provider(s) not medically necessary or non-covered according to their policies, you will be billed at our current self-pay rate. Professional services at GILC do not provide estimates unless requested by the patient.
 - i. **Patient Request Estimate:** Upon your request, our billing department will contact you to provide an estimated cost analysis for professional fees.
 - b. **The Ambulatory Surgery Center (OCDC):** The facility will contact you 2-3 days before your procedure appointment to provide an estimated cost analysis for facility fees.
 - c. **Anesthesia Services (OCDA):** Anesthesia services are not included in the estimates provided by our office. As a courtesy, we will bill your primary and/or secondary insurance company for your anesthesia services and make every effort to get our charges paid. If your insurance company, however, deems the anesthesia charge(s) or the services of the anesthesia provider(s) not medically necessary or non-covered according to their policies, you will be billed at our current self-pay rate.

Pathology laboratory and pathologist if specimens are obtained during your procedure are billed separately from Quest Diagnostic, LabCorp, or CMB Laboratory estimates are not included.
9. **In-Network:** we will receive payment with an Explanation of Benefits (EOB), which will explain any co-payments or deductibles owed by you in accordance with your insurance carrier. You will be responsible for paying the co-pays and deductibles if required by your insurance carrier.
10. **Out-of-Network:** claims, we are unable to determine the payment your carrier will make and therefore unable to accurately quote the portion of the payment for which you will be responsible. We will make every effort to collect all the payments directly from your insurance company. As soon as the EOB is received, we will be able to make that determination and will bill you the amount you owe according to the EOB.
11. **Self-Pay Patients:** Patients with no insurance coverage will be billed at the current self-pay rate. If you wish to pay for services and not submit a claim to your insurance carrier, please contact our office.
12. **Estimates** are based on eligibility benefits received from insurance. Patient responsibility may change due to current benefits, actual insurance allowed amounts, and submitted diagnoses/procedures. Estimate does not consider any supplemental insurance policies that the patient may be covered under. If an overpayment occurs, you will receive a refund; if an underpayment occurs, you will be billed for the balance.

