

## Insurance and Financial Policies

Thank you for choosing Dakota Gastroenterology Clinic for your health care. The information below outlines our financial policies and expectations in regard to payment for services provided to you. If you have any questions about these policies, please contact our business office.

### IF YOU HAVE INSURANCE

Please bring all health insurance cards or policy information with you at the time of service. If this information is not provided, your account will be set up as uninsured and payment in full will be expected at the time of service.

- It is your responsibility to check with your insurance plan regarding any co-payment, deductible or co-insurance you might owe at the time of service. If you have questions about your coverage, speak to your employer or contact your insurer directly.
- Insurance claims are filed as a courtesy. It is your responsibility to see that the claims are paid.
- We cannot guarantee payment by your insurer and all quotes given are estimates. Co-pays and deductibles could change once the claim is processed by your insurer, depending on your plan's details and the physician's final diagnosis.

### IF YOU DO NOT HAVE INSURANCE

Payment in full is expected at the time of service. You may contact our business office prior to the procedure if a payment plan needs to be arranged.

You are entering into a **financial contract** between yourself and Dakota Gastroenterology Clinic.

Services billed by Dakota Gastroenterology Clinic include:

- Ambulatory Surgical Center facility fee
- Professional physician fee
- Lab/pathology fee

The following statements apply to this financial agreement:

- I understand that responsibility for payment of medical services in this clinic for myself and my dependents is mine. Co-pays and deductibles are due and payable at the time services are rendered unless financial arrangements have been made in advance with the business office.
- I also understand that any co-insurance and/or deductible incurred, after my insurance company processes claims for services provided, is expected within 30 days of the first statement date.
- If my account is not paid in full within 30 days of my first statement, collection proceedings will begin. Should my account be turned over to a collection agency, I understand that I am responsible for all costs of collections including attorney fees, collection fees (25% of balance due) and court costs.
- I also understand that any unpaid balance turned to the collection agency will be assessed interest at the rate of 18.00% (1.5% monthly).

### CANCELLATIONS AND MISSED APPOINTMENTS REQUIRE 48 HOUR NOTICE

As a courtesy to other patients, we require that you provide notice of cancellation 48 business hours in advance of your appointment. Patients who do not provide 48 business hours' notice may be charged a fee of \$200.00.

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Name of patient or guardian

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Date