



## Chicago Gastro Office Policies

We would like to share the following policies with you so that you understand your responsibility regarding the charges for the services rendered to you by this office. Payment is required for all services at the time they are rendered unless you are in a prepaid plan in which we participate. For those patients in a prepaid plan applicable co-payments and deductibles will be collected.

**Please check the boxes after you have read and reviewed the policies**

- The patient understands that all charges for services in this office are ultimately his/her responsibility.**
- If we participate (are contracted) with a commercial insurance plan for which you are covered, we will bill the carrier for all charges for services rendered. You will be responsible for the annual deductibles, co-payments, coinsurance, and charges for non-covered services. In the event that we are not aware of a charge that is not covered by your plan, you will be billed for the balance after we obtain an explanation of benefits from your insurance carrier. **If the correct insurance information is not obtained before the claim filing date of your insurance company, the patient will be responsible for the entire cost of the visit.**
- Cancellation Policy:** In an effort to best serve the schedules of our patients, *office* visits cancelled less than 24 business hours in advance or failure to keep an office appointment, patients will incur a \$50.00 charge. For *procedures* cancelled less than 72 business hours or failure to keep a procedure appointment, patient will incur a \$150.00 fee.
- Refill Policy:** Patients are given enough medication to sustain them until their next office visit. A follow-up visit is required for prescriptions that were written over a year ago. Depending on the situation the patients may be given a one-time refill to carry them over until their follow-up visit.
- Medical Records:** There is no charge for medical records transferred from physician to physician. For patients requesting a personal copy of their records, the charges are \$1.00 per page for 1-25 pages and \$0.50 for every page after that. FMLA forms are \$25.00 per request. Payment is due before records can be copied and sent/released. All record requests need to be in writing on our medical records release form or a medical records release form provided by another physician.
- Returned Checks:** Patients will be subject to a \$30.00 processing fee for all returned checks.
- Collections:** All accounts not paid within 60days will be forwarded to a Collections Agency and a 30% premium will be placed on all collections accounts.
- After-hour's communication:** Non-emergency after hour's consultation by the doctor may incur a fee.

By signing below, the patient acknowledges the above notification and agrees to these policies

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Patient Signature

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Date