
UNDERSTANDING YOUR FINANCIAL OBLIGATIONS

MRN: _____.

Our physicians have scheduled you for an endoscopic procedure. This document explains your financial obligations. If you have any questions, please feel free to contact your care coordinator at 678.696.8966.

As a courtesy to our patients, our office will pre-certify procedures performed at Braselton Endoscopy Center, LLC and Gainesville Endoscopy Center, LLC with your insurance company. **However, this is not a guarantee of payment. It is your responsibility to verify benefits with your insurance company prior to having the procedure.** If you are having a colonoscopy for family history of colon cancer or personal history of colon polyps, you definitely need to verify coverage because all insurance plans are different.

ENDOSCOPY:

If you are scheduled for an endoscopy, a physician in our group will perform it. You may receive several bills for this service:

- If your procedure is scheduled at Gainesville Endoscopy Center, LLC or Braselton Endoscopy Center, LLC, you will receive a bill from Gastroenterology Associates of Gainesville, PC (for the physician's charge of the procedure) and Gainesville Endoscopy Center, LLC or Braselton Endoscopy Center, LLC (for the facility charge of the procedure). You will also receive a bill for the anesthesia performed. If polyps or biopsies are removed, you may also receive a bill for pathology services, if not covered in full by your insurance carrier.
- If your procedure is scheduled at Northeast Georgia Health Systems or Habersham County Medical Center, you will receive a bill from Gastroenterology Associates of Gainesville, PC (for the physician's charge of the procedure) and Northeast Georgia Health Systems or Habersham County Medical Center (for the facility charge of the procedure). You will also receive a bill for the anesthesia performed. If polyps or biopsies are removed, you may also receive a bill for pathology services, if not covered in full by your insurance carrier.

Your Care Coordinator will pre-certify any procedures at Gainesville Endoscopy Center, LLC and Braselton Endoscopy Centers, LLC. If there is an upfront amount due for the facility portion, you will be notified of this amount owed via a phone call or letter. Otherwise, your insurance company will be billed and you will be billed for the remaining balance. **Please remember, we only collect upfront for the facility fees.** We will bill you after insurance has paid for all other services and fees.

By signing this form, I acknowledge that I have read and received the Understanding Your Financial Obligations.

Patient Signature: _____ **Date:** _____

Dr. Stephen Moore, Dr. Charles Allen, Dr. Scott Clark, Dr. Sheraj Jacob, Dr. Vinny Reddy, Dr. John Kalarickal, Dr. Namita Pareek, Dr. Neeraj Sharma and Dr. Ankur Sheth own Gainesville Endoscopy Center, LLC and Braselton Endoscopy Center, LLC so they do have financial interest in these entities.

Please be sure to bring your Photo ID and insurance card(s) with you to these facilities. Please be prepared to pay your co-pay/coinsurance (if applicable) at the time of service. Please arrive on time. Failure to do so may result in your procedure being rescheduled.