

Digestive Diseases Specialists of Colorado

Insurance and Financial Policy

Thank you for choosing us for your health care needs. If you are having your procedure performed at Pueblo Endoscopy Suites, we are an AAAHC accredited free standing ambulatory surgical center owned by the physician of Digestive Diseases Specialist of Colorado

Insurance

If you have medical insurance that covers our services we are happy to assist you in submitting your insurance claims. **You are responsible for checking with your insurance plan regarding any money that might be owed at the time of service. Insurers consider endoscopy to be an outpatient surgical procedure. If you have questions regarding your coverage contact your insurance directly.** Please bring your health insurance card with you at the time of service. In many cases we will be able to verify your coverage in advance. If we are not able to verify your coverage, payment is expected at the time of your visit. If your insurance company remits payment, you will be reimbursed. Payment is expected upfront for self-pay patients.

Co-payments and deductibles

All co-payments and deductibles must be paid at the time of service. This arrangement is part of your contract with your insurance company. Payment plan is available for you.

Proof of insurance

All patients must complete our patient information form before seeing the doctor. We must obtain current insurance to provide proof of coverage. If you fail to provide us with the correct insurance information in a timely manner, you may be responsible for the balance of a claim.

Coverage changes

If your insurance changes, please notify us before your next visit so we can make the appropriate changes to help receive your maximum benefits.

Cancellation/Missed Appointments

48 HOURS NOTICE IS REQUIRED FOR ALL CANCELLATIONS

Method of Payment

We accept cash, checks, Visa, Discover, Master Card, and American Express. Procedures performed at Pueblo Endoscopy Suites involve separate and distinct services that will be billed to your insurance carrier or to the patient if there is no insurance coverage.

- Services that will be billed by Pueblo Endoscopy and Digestive Diseases 719-543-3500:
 - Facility fee for the use of the surgery facility.
 - Professional fee for the physician's services.
 - Lab/Pathology fee
 - For management of anesthesia services.

Authorization

I have read the above information and agree, regardless of my insurance, to be responsible for the balance of my account. By signing the agreement I agree to pay for all services rendered that are not covered by my insurance and also any co-pay, co-insurance, deductible, and any other fees that my insurance state as patient responsibility. Also, I agree to notify this office should there be any changes to my insurance coverage. Overdue accounts will be referred to a collection agency.

Printed Name: _____ Date: _____

Signature: _____