

# ST. PETERSBURG ENDOSCOPY CENTER

## PATIENT FINANCIAL POLICY

Implemented: 3/2016

Revised: 12/2019

Reviewed:

SUBJECT: Patient Financial Policy

PURPOSE: To ensure a clear understanding of St. Petersburg Endoscopy's financial policy with regards to the patient's financial responsibility for medical services provided.

### POLICIES:

Thank you for choosing St. Petersburg Endoscopy Center, "SPEC", for your healthcare needs. We at SPEC understand that the costs of medical services are a concern for our patients. The following information is provided to assist you in understanding our financial policies and aid you in planning for any payment you may be responsible for. After reviewing the following information please contact us if you have any additional questions about our policies.

#### ***Financial Assistance:***

St. Petersburg Endoscopy Center does not offer any type of financial assistance program or charity care program. Please contact the Business Office for individual billing concerns.

#### ***Insurance:***

Prior to your procedure we will contact your insurance company to verify your eligibility and benefits. Based on the benefit information given to us, we will *estimate* the portion your insurance will cover and *estimate* your patient responsibility based on the procedure you are scheduled for. An exact fee cannot be quoted before surgery, since it is unpredictable what the findings may be at the time of your procedure and what specific procedures may be billed.

We will promptly file a claim with your insurance company for medical services provided by SPEC and we will send you a statement for any monies owed after your insurance processes the claim. If we have not received payment on your account balance after three monthly statements have been sent to you, your account may be turned over for further collection action. However, please remember that your insurance policy is a contract between you and your insurance company. If your insurance company does not pay within 90 days, you may be responsible for the timely payment of your account. SPEC will not become involved with disputes between you and your insurance carrier.

#### ***Copayments:***

All copayments must be paid at the time of service. A copayment, or copay, is a capped amount paid by the patient each time a medical service is rendered. It must be paid before any policy benefit is payable by an insurance company.

***Deductibles and Coinsurances:***

Your estimated deductible and coinsurance amount is due at the time of service. Your deductible is the amount you must pay out-of-pocket for services before your insurance company will begin to pay. Coinsurance is a cost sharing agreement between you and your insurance company. It is a set percentage the insurance company and you pay once your deductible has been met.

***Pre-Authorization:***

Some insurance companies require a pre-authorization before you have a medical procedure. Authorizations will be obtained by your Primary Care Physician's office in coordination with your Gastroenterologist office.

***Payment Arrangements:***

Full payment of the estimated patient portion is required at the time of service. Once your insurance processes the claim and there is an additional amount due from the patient, you can contact the Business Office if you need to make payment arrangements on the balance. We are not able to offer discounts on patient balances that are a result of insurance deductibles, coinsurance or copayments.

***Medicare Patients:***

SPEC accepts Medicare assignment for services provided. Medicare patients will be responsible for the Medicare yearly deductible and the 20% Medicare coinsurance for procedures provided at an Ambulatory Surgical Center.

***Self-Pay Patients:***

We do offer patients that are not covered by insurance a discount for services provided by SPEC. This self-pay discount is due in full at the time of service.

***Method of Payment:***

For your convenience SPEC accepts cash (US dollars), personal checks, cashiers check, Visa, Mastercard and Discover. We **do not** accept American Express or Care Credit.

***Returned Checks:***

If a check is returned by your bank for any reason, there will be a \$25.00 charge. Payment for a returned check plus the return check fee will be due within 15 days of notification of the returned check. Payment will be required by cash, cashier's check, debt or credit card. We will not accept a check as a form of payment.

***Separate Billing:***

The physician doing your procedure, the anesthesiologist and the pathologist (laboratory) will all bill separately from us for your procedure.