



Financial Policy

As a courtesy to our patients, Atlantic Digestive Specialists will bill all medical insurance companies for services rendered. Our accounts receivable department is also available to personally meet with you and answer questions regarding high insurance deductibles and/or no insurance coverage situations. You may ask to speak with them while in the office or you can call them at (603) 841-1399.

Our fees may not be the 'usual and customary' allowable accepted by your insurance company. If we do not have a contract with your insurance or insurance network, you are responsible for the balance of the charge(s). For Medicare recipients, federal mandates require a 20% coinsurance of the allowable charge(s). Many other insurance companies also require a coinsurance responsibility therefore; we must bill all balances after the insurance payment has been received regardless of your coverage.

If you have a co-payment, we are contractually obligated by your insurance company to collect payment at the time of service. If your co-pay is not paid at the time of service there will be an \$8.00 service fee charged to your account as a statement processing fee. If you have coinsurance and/or deductible obligations, we would appreciate payment at the time of service.

If you have no insurance, we will extend a reduction for all services rendered by our physicians if paid in full at the time of service. Payment plans are available through our accounts receivable department.

If you have a financial hardship, please request a copy of our financial Information/Assistance brochure and ask to speak to someone from our Accounts Receivable department.

You are ultimately responsible for any charge(s) incurred for any outstanding balance. Any unpaid patient balances greater than 60 days old will incur an interest charge of 1.5% per month until paid in full.

Atlantic Digestive Specialists will apply the option of a collection agency for any uncollected outstanding balances. Payment will be required prior to scheduling future appointments if you have any outstanding balance.

Patient Signature

Date