



**Digestive Specialists, Inc.**

www.digestivespecialists.com

## Authorization for Verbal Communication of Protected Health Information

I authorize the individual(s) named below to receive verbal communication regarding my health care such as appointments scheduled, financial information, lab or test results or to pick up prescriptions or medication samples on my behalf. I understand that this authorizes verbal communication only and is not an authorization for Release of Medical Records. I acknowledge that it is my responsibility to revoke this authorization if at any future time I do not want information verbally communicated to the person(s) listed on this form.

Family Member or Friend (Print)	Phone Number	Relationship to Patient
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

I acknowledge that I received access to the Notice of Privacy Practices from Digestive Specialists, Inc. and have the right to obtain a paper copy upon request.

I acknowledge that I received access to my Patient Rights and Responsibilities and have the right to request a paper copy from Digestive Specialists, Inc.

## Important Information and Phone Numbers

- For scheduling questions, please call the *Main Line* at (937) 534-7330.
- For all billing questions please call our *Billing Line* at (937) 293-0773.
- Your **physician/medical assistant** is the care team that will deliver your health services in our office. The medical assistant, your direct link to your doctor, will give you a **direct phone number** so you do not have to call the operator if you have questions about your care.
- In emergency situations it is preferred that you to go to Kettering Medical Center or Miami Valley Hospital.
- If you will need an interpreter, please let us know and one will be provided for you. If you have someone who can translate confidential, medical and financial information for you please make arrangements to have them accompany you.

## Billing Information

**Self-Pay Patients:** Payment is due in full at the time of service. For procedures, a \$250 deposit is required when the procedure is scheduled or 72 hours prior. The remaining balance is due on the day of the procedure. Please check with a staff member for a current list of discounted rates that are available for services which are paid in full on the date of service.

We provide billing services **free of charge** for you. Your insurance company will send you an Explanation of Benefits (EOB), which will explain your out-of-pocket responsibility. It will show their payment to us as well as our discount to you for being contracted with your insurance company.

We strive to meet all of your digestive needs by providing multiple services under one roof. Because of this, you may receive different billing statements for the services you receive. **To ensure timely processing, each statement must be paid separately.** If you are sending payment by mail, be sure to include a separate check for each statement. You may receive a statement from any of the following:

- **Digestive Specialists, Inc. (DSI)** – for **physician services only**. This includes the physician charges for *office visits and procedures*.
- **Digestive Endoscopy Center, LLC (DECL)** – for **facility services**. This covers the facility charges for procedures, which are like hospital charges. Insurance companies process these under surgery benefits.
- **GI Pathology of Dayton (GIPD)** – for **pathology and lab services** and/or a special **gallbladder test (CCK)**. This is the total fee for processing and reading biopsy specimens (including polyps) taken during procedures. *Please note: when you receive your EOB from your insurance company the doctor listed is the one who processed your specimens.*
- **GI Anesthesia** – for **anesthesia** received during a procedure. *Please note: when you receive your EOB from your insurance company the doctor listed is the anesthesiologist.*

**Your estimated out of pocket responsibility is due on the day of service.**

- For all office visits, your copay and any co-insurance will be due at that time.
- If you scheduled a procedure, the Check-Out staff will also give you the estimated out-of-pocket responsibility for that procedure.

**Payment Methods:** We accept cash, check, money order, MasterCard, Visa, Discover, and American Express.

**Collection Policy:** A 3% handling charge will be added to account balances that remain outstanding 60 days or more past the date of adjudication.

In the event that you need to extend your payments over time, we offer a payment plan with automatic transactions from your checking account or credit card. Six months same as cash is available for balances at or below \$600 and 12 months same as cash is available for balances over \$600. We require a \$10 convenience fee for tracking and processing these monthly payments for each company. One fee will be charged for Digestive Specialists, GI Pathology of Dayton. Digestive Endoscopy Center will have a separate \$10 convenience fee and a third \$10 fee will occur for GI Anesthesia if applicable.

**Returned Check Policy:** There will be a \$25 charge for checks returned by the bank.

***We are your advocate and will work with you to help you in any way we can.***

I authorize Digestive Specialists, Inc. and/or GI Anesthesia to use my signature on file to file all insurance claims, release required information for the payment of claims and payment of medical benefits, and to file an appeal on my behalf.

I authorize all insurance payments to be sent directly to Digestive Specialists, Inc. and/or GI Anesthesia.

I have read the above information and by signing below, I understand my responsibility for the payment of my account.

\_\_\_\_\_  
**Signature of Patient or Responsible Party**

\_\_\_\_\_  
**Print Name**

\_\_\_\_\_  
**Relationship to Patient**

\_\_\_\_\_  
**Date Signed**