

San Diego
Digestive Disease Consultants, Inc.
A Medical Group
Diplomates
American Board of
Gastroenterology

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Office Financial Policy

San Diego Digestive Disease Consultants are committed to providing you and your family with the best possible care. Our goal is to maintain an excellent physician-patient relationship. Keeping you informed of our financial office billing policies allows an open flow of communication and enables our physicians to focus primarily on your health.

Please read this carefully and if you have any questions, please do not hesitate to ask a member of our staff.

Payment

Payment is expected at the time of service for Co-payments. It is an Insurance Policy Rule. We accept Cash, Checks, Debit Cards, Visa, MasterCard. SDDDC reserves the right to charge a processing fee of \$25.00 for any Co-payments not collected upfront.

Deductibles, Co-Insurance are due upon receipt of explanation of benefits sent by your Insurance Healthcare Plan. Our office will send out a courtesy billing statement, however, you are required to pay your account in full.

OIG Compliance Program Guidance Billing **“Insurance Only”** violates the “False Claims Act” Anti-Kickback Statue, the Civil Monetary Penalties Law & State Laws-Federal Register Vol. 63 N. 243 December 18th 1998 Pg. 70143.

Insurance

All patients are required to show proper photo identification at the time of each visit. Insurance plans vary considerably, and we cannot predict or guarantee what part of our services will or will not be covered. It is the responsibility of the patient to provide accurate and timely insurance information. Inaccurate or untimely information given to the office that results in a denial or non-coverage by your insurance company will cause the guarantor to be responsible for payment in full.

Referrals

It is your responsibility to be proactive with authorizations from your primary care specialist. Referrals **must** be received before your appointment time. No retroactive referrals will be given.

Cancelled Appointments

As a courtesy to other patients and physicians, we reserve the right to charge **\$25.00** for appointments cancelled without 24 hour notice or no-shows. Our practice maintains a **24 hour answering service**. If you need to cancel or reschedule a procedure please give our office **7 days notice**. We reserve the right to charge **\$100.00** if we do not have at least **72 hours notice of cancellation for a procedure**.

(over)

Past Due Accounts

Please call our business office if you have any questions about your billing account. Most problems can be answered and settled quickly and easily and will prevent any misunderstandings if you are having trouble paying your bill. It is expected that patients will pay for healthcare services that are rendered. This practice will assess the needs of particular patients that have indicated a possible financial hardship. Patients will be determined to be under such financial hardship using the current Federal poverty guidelines issued by the Federal Government. Any unpaid bills for more than 60 days may be turned over to an outside collection agency unless other arrangements have been made. Accounts that are turned over to collections will result in dismissal from the practice.

I have read and fully understand the financial policy set forth by San Diego Digestive Disease Consultants Medical Group, Inc. We must emphasize that as Gastroenterologist providers, our relationship is with you, not your insurance company. While filing of insurance claims is a courtesy that we extend to our patients, all charges are ultimately your responsibility from the Date of Services Rendered. Therefore, it is necessary for you to know what benefits your insurance company plan provides for you.

NOTICE TO CONSUMERS

Medical Doctors are licensed and regulated by the Medical Board of California
(800) 633-2322
www.mbc.ca.gov

Patient Name (Print) Date

Patient Signature Date

8008 Frost St. Suite 200 San Diego, CA 92123 (858) 292-7527 FAX# 858-292-7804
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