Troy Gastroenterology, P.C.

And its Affiliated Covered Entities: Center for Digestive Health, Macomb Endoscopy Center, and Surgical Centers of Michigan

OFFICE AND FINANCIAL POLICY

OFFICE HOURS:

Regular office hours are 8:30 a.m. to 4:30 p.m. Monday through Friday. Office visits are by appointment only. We strongly believe in the value of your time and will do our best to keep your scheduled appointment running smoothly. However, emergencies do occur and may cause a delay.

TELEPHONE CALLS:

All offices share the number (248) 844-9710. Please listen to all prompts and our phone system will direct you to the area of your choice. Our physicians utilize designated medical staff to return patient calls with their recommendations. If you have a question for your physician, listen through all the prompts and you will be automatically directed to the medical staff. Non-urgent calls will be returned within 48 hours. Prescription refill requests will be processed within 72 hours. The telephone system is shut down at 4:30 p.m. to facilitate return calls to patients.

FEES AND PAYMENTS:

Our practice is committed to providing you with the best possible treatment and we charge what is customary in our area. Full payment of patient responsibilities, including copay, is expected at the time of service by cash, check, Visa, MasterCard, or Discover. A $5 service fee will be charged for any office visit copay that is not paid at the time of service.

RESCHEDULE/CANCELLATION/MISSED APPOINTMENT FEES

For Endo Procedures, patients will have 3 business days from the point of scheduling to cancel/reschedule a procedure without penalty. Patients that reschedule outside of the 3 day window, will incur a $50 fee. Patients that cancel outside the 3 day window will incur a $100 fee.

For office, telemedicine, or infusion appointments, if a patient cancels with less than 24 hour notice, a $25 fee will be assessed.

All Missed Appointments will incur a $50-$100 fee based on the service that was missed/no show.

Reschedule, cancellation and missed appointment fees must be paid prior to scheduling future appointments.

***MINOR PATIENTS*:**

Several of our physicians will begin treating patients at the age of 16. The parent, guardian, or other adult accompanying a minor is responsible for payment. A parent or guardian must sign the required office forms prior to scheduling an appointment. An unaccompanied minor must also provide a permission note authorizing service and a telephone number where a parent/guardian may be reached.

E-PRESCRIBING:

Our office utilizes e-Prescribing to send your prescriptions to the pharmacy of your choice. E-Prescribing greatly reduces medication errors and enhances patient safety. We utilize this program for these reasons:

- **Formulary and benefit transactions** - Gives the prescriber information about which drugs are covered by the benefit plan.
- **Medication history transactions** - Provides the physician with information about medications the patient is already taking to minimize the number of adverse drug events.
- **Fill status notification** – Allows the prescriber to receive an electronic notice from the pharmacy telling them if the patient's prescription has been picked up, not picked up or partially filled.
- **Controlled Substances** – As of October 1, 2021, we will only be able to e-prescribe controlled substances to the pharmacy of your choice. Please be advised: controlled substances are not able to be transferred.

POLICY ON NON-DISCRIMINATION AND SECTION 1557 OF THE AFFORDABLE CARE ACT:

Troy Gastroenterology, P.C. complies with applicable federal civil rights laws and does not discriminate against any individual on the basis of age, race, color, ethnicity or national origin, religion, creed, language, disability, socioeconomic status, sex, sexual orientation, gender identity or expression, and/or veteran status in admission, treatment, participation, or receipt of the services and benefits under any of its health programs and activities, and in staff and employee assignments to patients, whether carried out by the Practice directly or through a contractor or any other entity with which the Practice arranges to carry out its programs and activities.

The Practice will provide appropriate auxiliary aids and services to individuals with disabilities and language assistance services to individuals with limited English proficiency when needed to ensure equal opportunity and meaningful access to the Practice's health programs, services, and activities. Examples of aids and services include, but are not limited to, qualified sign language interpreters, written information in alternate formats, foreign language interpreters and information translated into other languages. The Practice will provide aids and services in a timely manner and free of charge.

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INFORMED CONSENT FOR TELEHEALTH CONSULTATIONS:

To better serve the needs of people in the community, health care services are now available by interactive video communications and/or by the electronic transmission of information. This may assist in the evaluation, diagnosis, management and treatment of a number of health care problems. This process is referred to as "telemedicine" or "telehealth." This means that you may be evaluated and treated by a health care provider or specialist from a distant location. Because this may be different than the type of consultation with which you are familiar, **it is important that you understand and agree to the following statements.**

1. The health care provider or specialist will be at a different location from me.
2. I will be informed if any additional personnel are to be present other than myself. I will give my verbal permission prior to the entry of the additional personnel.
3. I agree that certain situations, including emergencies and crises, are inappropriate for audio/video/computer-based medical services. If I am in crisis or in an emergency, I should immediately call 911 or seek help from a hospital in my immediate area.
4. I understand there is the potential for issues with the technology, including interruptions, unauthorized access and technical difficulties.
5. The health care provider will keep a record of the "telehealth visit" in my medical record.

INSURANCE BILLING:

Troy Gastroenterology participates with most insurance plans. We follow the rules and guidelines of the insurance plans. If you have insurance coverage, please understand that your policy is a contract between you and the insurance company, not the practice and the insurance company. We will file a claim with your insurance company for payment of services rendered. If the insurance company does not respond, or the claim is outstanding for more than 90 days, the responsibility of payment will be transferred to the patient. Patients should be aware of the following prior to their appointment:

- Verify that our physicians are contracted with your insurance plan.
- Familiarize yourself with the out of pocket expenses associated with your insurance plan. These can include co-pays, coinsurance and deductible requirements. You are responsible to pay these amounts according to your contract benefits.
- Not all services are benefits under all contracts. It is the patient's responsibility to know their coverage. Note that some screening procedures may not be covered. We suggest you contact your insurance company prior to your visit to get coverage details. A covered service remains subject to any applicable co-pay, coinsurance and deductible requirements.
- Many HMO insurance plans require a referral or authorization for service. The patient is responsible for obtaining any necessary office visit referrals per the rules of their insurance. If a necessary referral cannot be confirmed 24 hours prior to the appointment, you will be required to reschedule the appointment. Our billing department will assist you in obtaining necessary authorizations for procedures and diagnostic testing.

If you do not have insurance coverage, please contact our billing department to discuss payment options.

Please refer to our website for a complete description of our financial policy.

ASSIGNMENT OF INSURANCE BENEFITS:

I hereby authorize direct payment of medical health benefits to Troy Gastroenterology, P.C. and its Affiliated Covered Entities for services rendered under the supervision of a physician and/or licensed clinician. I authorize any holder of medical or other information about me to release to the health insurance company any information needed to determine these benefits for related services. I understand that I am financially responsible for any balance not covered by my insurance.

I certify that the demographic and insurance information given by me in applying for payment is correct.

I understand the office policies contained in this form. I have carefully read and fully understand the above statements and have had the opportunity to ask questions. I voluntarily consent to health care services provided by my health care provider, including both in-person and telehealth visits, which may include diagnostic tests, drugs, examinations, and medical or surgical treatments considered necessary to treat my health problem.

Patient Name (Print) _____ Signature _____ Date _____

Guardian Name (Print)_____ Signature _____ Date _____