



PATIENT FINANCIAL POLICY

Capital Digestive Care is committed to providing our patients with quality healthcare. Having a clear understanding of our patient financial policy is important to us. It is important to contact us with any questions if any of your personal information changes while under the care of one of our providers.

- **Insurance:** Capital Digestive Care participates with most insurance plans. Payment in full is expected at the time of service unless arrangements have been made in advance to set up a payment plan. If you are covered by insurance and have questions about your benefits, please contact the number on the back of your card.
- **Self-pay:** Capital Digestive Care provides access to patients who are not insured by offering a self-pay fee schedule. Payment in full is expected at the time of service unless arrangements have been made in advance to set up a payment plan.
- **Credit Card on File:** In an effort to improve patient services and office efficiencies, Capital Digestive Care has implemented a credit card on file policy. This will be used for any co-payments, co-insurance, deductibles, or charges that may not be covered by your health insurance. At the time of check-in, your credit card information will be obtained and kept securely as a token. Capital Digestive Care will not be able to see your credit numbers after they are saved, and a token is created. Only the last 4-digits of the card will be available for verification purposes. Once your insurance pays their portion, a statement will be mailed. Patients have 30 days to pay the balance or call our office with any questions. If your balance is not paid after 30 days, your credit card on file will be charged. The amount charged to your card will not exceed \$75.00 for office visits and \$150.00 for procedure visits per month.
- **Co-payments:** Capital Digestive Care expects that all co-payments are to be paid at the time of check-in.
- **Late Cancellation/ No Show Fee:** Capital Digestive Care strives to provide excellent care to each patient in a timely manner. A fee of \$50.00 will be charged for any modification to an office visit within 2 days of the appointment. A fee of \$150.00 will be charged for any modification to a procedure appointment within 5 days of the appointment. Your credit card on file will be charged within 10 days.
- **Collection Agency Placement Fee:** If a patient's account becomes delinquent, Capital Digestive Care may employ the services of a collection agency to recover any outstanding balance on the account. If the account is sent to an external agency, the below agrees to pay all costs of collections, including collection agency fees in the range of 16% plus any interest allowable by law, if incurred.

Patient Name (please print): _____ **Date of Birth:** _____

Signature of Patient or Representative: _____ **Date:** _____