



Saman B. Chubineh, M.D.

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Financial Policy

Thank you for choosing us as your healthcare provider. We are committed to providing you with the highest quality healthcare. We ask you to read and sign this form to acknowledge your understanding of our patient financial policies. Our practice will work with you to help fulfill your payment responsibility. Ultimately, you are responsible for any outstanding balance that is not covered by your health insurance. This includes co-pays, deductibles, and services not covered by your insurance. To avoid interruption of your healthcare, we require payment at the time of registration.

Co-Payments

Patients who do not pay their co-pay on the date of their service will incur an additional \$25 fee in addition to their co-pay.

Self Pay (no insurance) or Non-participating healthcare plans

If you are seeking treatment and do not have health insurance or are insured through a plan we do not participate with, you will be required to pre-pay an estimated amount which will range from \$100-\$200 for an initial office visit. Should you require procedures, you will be quoted a separate price that will also require payment prior to service. As these are estimates, you will either be billed for any remaining amount due or refunded for overpayment. It is ultimately your responsibility to check if we are participating providers with your health insurance plan.

Billing for colonoscopies:

A common question that arises is whether a scheduled colonoscopy will be billed as preventative (routine without digestive complaints), or diagnostic (to examine for a source of issues possibly related to the colon). As a general rule, patients aged 50-75, without bowel related disorders, rectal bleeding, weight loss, or abdominal pain, will be billed as preventative. Another way that the colonoscopy may be billed as preventative is if there is a family history of colon cancer or colon polyps, depending on the age of onset for that relative and how closely related you are. Therefore, ALL patients over the age of 75 that are not having a colonoscopy for surveillance (a history of polyps) or secondary to family history of polyps or colon cancer will be billed as diagnostic meaning you may receive a bill for this examination.

However, even if your exam is billed as preventative, you potentially may incur a charge. This would mainly be if polyps were noted and removed during your colonoscopy, your exam will most likely be a diagnostic test as there are finding, i.e., the polyps. Your insurance company will notice you went in for a screening and we will note that and with billing modifiers we will let them know that while during that preventative colonoscopy, polyps were found. This will change the amount you will owe towards your colonoscopy. Should you have questions regarding how your examination will be billed, it would be best to contact our office with your concerns, or contact your insurance company regarding what is covered under your plan.

Medication Refills

All medications are refilled in a timely manner upon request. If you have not been seen for 6 months or more, an office visit will be required

Testing

Testing may ultimately be required as part of your medical care. This would include laboratory work, radiology tests, or any other tests that may be required. It is ultimately your responsibility to check with your insurance provider to address costs/coverage and if copays may be required. Our practice is not responsible to obtain coverage for any testing that may be necessary.

Missed appointments

There will be a \$50 charge for missed office appointments without 24 hours advance notice. Additionally there is a \$100 charge for missed procedures or those without at least 24 hours advance notice.

Discharge from practice

While it is always our goal to develop an excellent physician/patient relationship, such a relationship is not always obtainable. Potential reasons why a patient may be discharged from the practice include, but are not limited to chronic missed or canceled appointments, failure to pay outstanding balances/copays, use of vulgar language/threatening behavior towards staff or physician, those seeking 2nd or 3rd opinions regarding care, and non-compliance with medical treatment. For any and all of these reasons, a patient may be asked to leave the practice with 30 days notice to find an alternate gastroenterologist.

Collection Costs

Should you fail to pay any amount due under this agreement, you agree to be responsible for any collection costs, including court costs and reasonable attorney fees, incurred by this office in collecting the amount due. By signing below, you agree that our office may contact you via phone or text message and leave messages regarding your balance.s

Questions?

We make every effort to continue to be able to take care of your healthcare needs. Should you have questions regarding your bill or have trouble making payments, please call our biller at 716-240-2296 and choose option 3 to discuss your concerns.

I certify the insurance information I have provided is accurate and correct. I authorize Saman B. Chubineh, M.D., to directly bill my insurance company on my behalf for services rendered. I have read, understand, and agree to the provisions of this Patient Financial Responsibility Form:

X _____

*Patient Signature, Authorized Representative or Responsible Party
Date*

X _____

*Print Name of Patient, Authorized Representative or Responsible Party
Relationship to Patient*