

Tucson Gastroenterology Patient Information

Appointments

We require a photo ID and your current insurance card upon check in at each visit to our office. If you need to cancel or reschedule your appointment, adequate notice is required. We require a 24-hour notice of cancellation or reschedule for office visits and 48-hour notice of cancellation or reschedule for procedure appointments.

- ✓ I understand if I fail to give this notice I will be charged a fee of \$25 for office visits and \$100 for procedures.
- ✓ I understand that I must show a current and accurate insurance card at each visit in order to have my visit billed to my insurance carrier(s). If proof of insurance is not available, I understand that the burden of full payment falls on me, or I may reschedule my appointment for the next available appointment.

Patient Payment Policy

We recommend that you contact your insurance company prior to any services being performed to be informed of your benefits. It is the responsibility of the patient to obtain coverage and benefit information from their insurance carrier. Your insurance benefits are a contract between you and your insurance company, not Tucson Gastroenterology. Your financial liability can include deductibles, co-insurance and/or co-payment as determined by your insurance carrier. Copayments, estimated deductibles and estimated co-insurance is collected at the time of service. If you do not have your payment, your appointment may be rescheduled.

- ✓ I understand that it is my responsibility to notify the office of any insurance changes prior to the day of my appointment.

Self-Pay

Payment in full is due at the time of check-in for your appointment. If you do not have your payment at the time of service your visit will have to be rescheduled.

Phone Calls

In most cases please allow up to 48-72 hours for a return phone call.

Procedure Arrival Time

Please arrive 30 minutes before your procedure and ensure you have a ride for after your procedure. You will not be able to drive yourself.

Prescription Refills

Please call your pharmacy at least 3 business days before you need your medication refill.

Test Results

We understand that often times you are told by the physician, radiology, lab, etc. to call our office in a couple of days for your results. We request that you allow 14 days to receive your results, as the entire process can take this long.

Children

Please consider leaving small children at home in more comfortable surroundings whenever possible.

Thank you. We appreciate your trust in our doctors and look forward to caring for you.

I acknowledge receipt of this information.

Printed Name

Signature

Date

Explanation of Financial Responsibility

To Our Valued Patient:

Enclosed is important billing information you should be aware of for services provided at Tucson Gastroenterology Specialists (the doctor's office) and Tucson Gastroenterology Institute (our Outpatient Surgical Facility), which is owned by Dr. McNerney and Dr. Hanna.

If you are scheduled for an endoscopic procedure (i.e. colonoscopy or upper endoscopy-EGD) the total cost for your procedure may include up to three different billable services; The **Physician's fee**, the **facility fee** and the **Pathologist's fee** (if biopsies are taken). Each fee will be billed separately to your insurance company under the performing provider of the service.

PHYSICIAN FEE – Tucson Gastroenterology Specialists, PC

The physician's professional fee is for performing the endoscopy procedure, supervising, interpreting, and consulting with you and your referring physician. Any bill for these services will be submitted under your physician's name. For questions regarding the Physician fee billing, please contact our office at 520-327-3454.

FACILITY FEE – Tucson Gastroenterology Institute, LLC

Tucson Gastroenterology Institute (TGI) or Tucson Medical Center will represent the facility component of your services. Facility fees cover the cost of providing the technicians, nurses, equipment, and supplies. For any questions regarding the facility fee billing for TGI, please contact our office at 520-327-3454. For any questions regarding the facility fee billing for TMC, please contact TMC at 520-327-5461.

PATHOLOGY FEE

If biopsies are taken during your procedure, you will be billed by the pathologist reviewing the tissue. If you have any questions regarding your pathology bill, please contact Tucson Pathology Associates Billing: 520-396-4757.

We will bill your services to your primary insurance company and a secondary insurance company if one is provided by you. Please familiarize yourself with your insurance plan benefits prior to any scheduled services. Medical billing will be sent to your health insurance carrier that reflects the services rendered by our Providers or Facility and will include medical diagnosis codes that were submitted by you on your health history form, during consultation with the Provider, or findings from scheduled procedures, laboratory work, or radiological scans. If your insurance plan mandates that you are financially responsible for payment of co-pays, deductibles, co-insurances, or non-covered services, we will be contractually obligated to collect them. Our Doctors cannot comply with any requests to improperly alter medical claims for the purpose of obtaining favorable payment from your health insurance plan.

Screening colonoscopy versus diagnostic colonoscopy; a screening/preventive colonoscopy is a test provided to a patient in the absence of signs or symptoms. Many insurance plans have a specific benefit that may cover this service with no patient out-of-pocket expense. A diagnostic colonoscopy is a test performed as a result of an abnormal finding, sign or symptom (such as abdominal pain, diarrhea, bleeding, etc.) ***If the doctor finds a polyp or abnormality during a routine screening/preventive colonoscopy, your benefits may change and your health insurance plan may pay differently, utilizing your diagnostic benefits.*** To avoid any surprises, you should always ask your health insurance plan to explain both your screening benefits (if scheduled for a screening colonoscopy) and your diagnostic benefits.

As a courtesy and service to our patients, our office will assist you with estimating your financial responsibility prior to any services. Any patient responsibility that is due after your insurance company has processed the claim(s), will be billed to you via a statement.

Signature

Date

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