Hunterdon Gastroenterology Associates
Medical Experts in the Treatment of Digestive Diseases

Hunterdon Endosurgery Center

1100 Wescott Drive, Suite 204, 206, 207, Flemington, NJ 08822
135 West End Avenue, Somerville, NJ 08876
(908) 483-4000 www.HunterdonGastro.com

Patient or Responsible Party: Please acknowledge your consent and understanding of the following terms regarding patient care at Hunterdon Gastroenterology Associates and Hunterdon Endosurgery Center (herein known as HGA/HEC) by initialing and signing where indicated. Please contact our billing department with any questions.

Terms and Policies	Initials
Authorizing the Release of Information: I authorize HGA/HEC to release any necessary medical records to the appropriate parties (insurance, pharmaceutical companies, etc.) in relation to determining responsibility for medical benefits and obtaining reimbursement for professional services.	
Professional Fees: I understand that I am financially responsible for any and all charges for professional services, whether or not paid by an insurance carrier or health plan. Exceptions are when patient financial responsibility is limited by statutory regulation such as Medicare or by managed care (HMO, PPO, etc.) contract. In cases submitted to my insurance carrier, it is my responsibility to financially cover any deductibles, co-payments, and non-covered services as stipulated by my specific insurance plan. I may request that payment of my authorized benefit be made on my behalf and assigned to HGA/HEC. Any payment/explanation of benefits issued directly to me for care received at HGA/HEC must be forwarded to HGA/HEC in a timely fashion for posting of payment and/or appropriate adjustment.	
Managed Care: To validate your managed care agreement/fee schedule, proof of your insurance coverage and personal identification must be provided at the time of service, along with necessary authorizations/referrals. All associated co-payments and deductibles will be collected at the time of visit. Without proper documents, you may be required to pay in full.	
Referrals: If my insurance plan requires a referral, it is my responsibility to obtain and present the referral at the time of service. If one is not obtained, I may be responsible for payment in full.	
Collection Agency: If my account is over 90 days past due, a letter will be sent stating that I have 20 days to pay the account in full. Partial payments will no longer be accepted unless negotiated by the billing department. If the balance continues to remain delinquent, I may be sent to a collection agency where a collection fee of $50.00 or 20% (whichever is greater) will be added to the unpaid balance. The practice may also discharge me from the practice for non-payment.	
Forms: Requests for completion of disability forms, reports, or other paperwork will require an advance fee based on the complexity of the form. Please allow 5 business days for completion.	
Release of Medical Records: Medical records copies require written authorization and prepaid fees related to preparation. Please allow 10 days for copies.	
Missed Appointment/Procedure: I acknowledge that I am responsible for any missed appointments or any cancelled appointments in which a 24 hour notice was not given. The fee for a missed office appointment in HGA is $30.00. HEC requires 48 hour notice of cancelling a procedure and the fee for a missed procedure is $250.00 for each procedure.	
Returned check fee: I understand that there will be a $25.00 fee for all returned checks.	
Divorced Parents of Minor Patients: The adult who signs a minor patient into our practice on the day of service accepts responsibility of payment or communication. It is the responsibility of both parents to communicate with each other about payment issues.	
Patient balance credits of $15.00 or less will be kept on file for future use unless requested by patient.	

Printed name of the patient

Patient Date of Birth

Signature of the Patient or Guardian

Date

Printed name of the Guardian