

**OGDEN GASTROENTEROLOGY/Chad M. Gonzales, M.D., P.C.**  
**Payment Agreement & Payment Policy Acknowledgement**

*We appreciate your business and strive to maintain the highest quality of care possible while controlling health care costs. Please be aware of the following prior to services:*

**If you have NO insurance:**

1. Our average office visit is \$275 for a new patient and \$160 for an established patient; however, this is just an estimate. We require an initial payment due at the time of service of \$105.00 for new patients and \$75.00 for established patients. Actual charges cannot be determined until you see the provider, and charges are added to your account. You will receive a discount on your office visit and/or procedure if paid in full at the time of service. If you have a more extensive exam than normal, lab work, radiology tests, or any other medical care you will incur additional charges (which may involve other medical entities). If you are interested in getting the discount, please discuss this with the receptionist or billing office.
2. Please be aware that it is impossible to get an exact estimate of your charges prior to your exam. Therefore, it may become necessary to bill you for any additional balances. If you receive a statement from us, payment is due 15 days from the date of your statement. We may use outside billing services to assist us in collection of this account, which may include payment plans or other means to collect the debt.
3. The patient and/or their guarantor will be responsible for any and all collection costs of up to 40% and attorney's fees if Chad M. Gonzales, M.D. and/or billing office representing the Dr. are unable to efficiently collect on charges that you incur. Let it also be known that the collection agency is authorized to contact you on any number you provide including mobile or cell phone.
4. Missed appointment fees are assessed at \$25 for office visits and \$75 for procedures. Fees are assessed without 24 hour prior notice of cancellation.

**If you have insurance:**

1. Dr. Gonzales' office will submit the charges to your insurance companies as a courtesy to you if:
  - a) You bring a current insurance card with you to each visit, or have current card copy on file.
  - b) You pay any required co-payment at the time of service.
2. Your insurance company may require a co-payment from you. Your contract requires this to be paid at the time of service; failure to do so may result in rescheduling of your appointment. Your co-payment may not be your only liability. If your insurance carrier applies the billed charges to your deductible, denies the services, or considers the services non-covered, you may be responsible for payment of the services. If you receive a statement from us, payment is due 15 days from the statement date. We may use outside billing services to assist us in collection of this account, which may include payment plans or other means to collect the debt.
3. If your insurance plan requires a referral to authorize your services, we require that you bring a written referral from your primary care physician or verification that the referral has been called in to your insurance company. If you do not have the referral when you come, payment for the services becomes your responsibility until the referral is provided to Dr. Gonzales' office staff.
4. It is the patient's and/or their guarantor's responsibility to know the provisions of their insurance policies, their preferred facility and locations where services are covered. It is ultimately the patient's and/or guarantor's responsibility to ensure that services billed on their behalf by Dr. Gonzales' office are paid timely and accurately, either from the insurance and/or other responsible parties.
5. Some insurance companies do not cover Screening Services (i.e. Screening Colonoscopy). If your insurance does not cover Screening Services, please be aware that you will be required to pay any denied services.
6. The patient and/or their guarantor will be responsible for any and all collection costs of up to 40% and attorney's fees if Chad M. Gonzales, M.D. and/or billing office representing the Dr. are unable to efficiently collect on charges that you incur. Let it also be known that the collection agency is authorized to contact you on any number you provide including mobile or cell phone.
7. Missed appointment fees are assessed at \$25 for office visits and \$75 for procedures. Fees are assessed without 24 hour prior notice of cancellation.

**Medicaid Patients:**

1. You are required to present your Medicaid Card at each visit. If you fail to show your card, and services are denied, you will be responsible for payment.
2. All Medicaid co-payments are due at the time of service; failure to do so may result in rescheduling of your appointment.
3. You will be held responsible for payment of any charges that are denied as "Not a Medical Benefit". You will also be held responsible for payment of any charges if Dr. Gonzales is not contracted with your Medicaid HMO (i.e. PCN Medicaid).
4. Missed appointment fees are assessed at \$25 for office visits and \$75 for procedures. Fees are assessed without 24 hour prior notice of cancellation.

***I have read and understand all of the above information as it applies to my situation. In the event any balance is not paid as agreed, the undersigned agrees to pay collection fees up to 40%. The undersigned further agrees to pay court costs and reasonable attorney's fees in addition to the collection fees. No shows and missed appointment fees may be sent to collections where collection fees apply as well. You authorize us or our representatives to call you at any number you provide or at any number at which we reasonably believe we can contact you, including calls to mobile, cellular or similar devices for any lawful purpose.***

May2016

Patient Name (Printed) \_\_\_\_\_ Date \_\_\_\_\_

Patient/Guarantor Signature \_\_\_\_\_ Chart/Acct# \_\_\_\_\_