

Long Beach Gastroenterology Associates

A MEDICAL GROUP, INC.

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FINANCIAL POLICY

Thank you for choosing LONG BEACH GASTROENTEROLOGY ASSOCIATES. We are committed to the success of your treatment. Accurate information and prompt payment will allow us to continue giving you the best possible care.

- A. If you DO NOT have insurance coverage, full payment is due at the time services are rendered.
- B. If you have insurance coverage:
- 1) You must provide current, accurate health insurance information at the time of service. Claims that are denied due to inaccurate insurance information will become the patient's responsibility.
 - 2) Office copayments are due at the time of service.
 - 3) We will be glad to bill a maximum of two (2) insurance companies.
 - 4) A \$10.00 service charge may be applied to patient account balances not paid within 30 days of receipt of our billing statement.
- C. For patients scheduled for procedures:
- If you have not met your deductible or if you have a coinsurance, a prepayment of at least fifty (50%) percent of estimated fees (not to exceed your deductible/coinsurance amount) is due prior to your scheduled procedure date.

For services outside of our office, there will be a separate charge from the facility where services are rendered (e.g. hospital, Endoscopy Center, laboratory, pathology-biopsy interpretation,)

We accept cash, check, Visa and Mastercard. If you have any questions regarding this policy, please contact our billing office at (562) 997-0750.

I HAVE RECEIVED A COPY OF THIS POLICY.

X _____

Date Signed: _____

Print Name: _____