

MIDWEST ENDOSCOPY SERVICES, LLC
FINANCIAL POLICY

We would like to take the opportunity to welcome you to our facility and to let you know that we are committed to providing you with the best possible care. Thank you in advance for reading this information; it is critical that you understand our Financial Policy. We will gladly discuss your proposed treatment and answer any questions.

We are here to assist you in providing information to your Health Insurance Company. Please keep in mind that not all services are a covered benefit in all plans and that your insurance coverage is an agreement between you and your Health Insurance Company. Payment for services at Midwest Endoscopy Services, LLC, is ultimately the patient's responsibility.

If you are scheduled for a colonoscopy: The Facility submits procedural documentation and charges according to Centers for Medicare and Medicaid Services and American Medical Association guidelines and is not responsible for determining how your benefits will be paid by your insurance plan. Please keep in mind that **all** charges may not be covered under your screening and health preventive benefits. If you have questions please call us at (402)-504-3846 for a more detailed explanation.

If you have insurance, we will submit charges to your primary and secondary insurance provided we have a copy of your assignment of benefits as well as a copy of your insurance card(s). Patient deductibles, coinsurance and co-payment amounts are established by your Health Plan and are your responsibility. Patients who fail to provide insurance information are directly responsible for payment of their account.

If your Insurance Plan requires an authorization for care or treatment, it is the patient's responsibility to obtain one prior to your visit. Contact your Insurance Carrier if you are not sure. If a precertification is required you will need one for both Midwest Endoscopy Services, LLC and the physician providing the service. If a referral is not obtained, your insurance company may deny coverage, which could result in patient responsibility.

Prompt payment of your account is expected; however, we realize that situations may arise whereby you may have difficulty meeting your obligation. If such problems arise, we encourage you to contact our office for assistance in the management of your account. We do use outside agencies as a means of collection should your account become delinquent.

If you do not have insurance, acceptable financial arrangements will need to be arranged prior to the date of service. An account representative will be happy to assist you and can be reached at (402) 933-0602. Please note a deposit will be required at the time of procedure.

For billing purposes, there could be four (4) separate service components which will be billed separately:

- Midwest Endoscopy Services, LLC: You/your insurance will be billed a facility fee for the use of the Ambulatory Surgery Center in which your procedure is being performed. If you have questions regarding this facility fee, please contact us at (402) 933-0602.
- Physician Fee: Midwest Gastrointestinal Associates, PC. will bill a charge separately to you/your insurance for the physician's professional services that are provided during your procedure. If you have questions regarding your scheduled procedure or the physician's fee, please contact Midwest Gastrointestinal Associates, PC.
- Laboratory and Pathology Fee: If you have blood drawn and/or a biopsy taken you or your insurance will receive a bill from the laboratory or laboratories that process your blood work and/or biopsy.
- Anesthesia Services Fee: Monitored Anesthesia Care (MAC) Will be provided by a Certified Registered Nurse Anesthetist and be billed by Midwest Gastrointestinal Associates, P.C.

Midwest Endoscopy Service, LLC accepts checks, cash, Visa, MasterCard, Discover, American Express and debit cards. Online payments can be made at www.midwestendoscopyservices.com.

AUTHORIZATION

I understand that the physician who is rendering services may have an ownership interest in the above referenced facility. The physician or the physician's representative has given me the option to be treated at another facility, which I have declined. I wish to be treated at Midwest Endoscopy Services, LLC.

I have read and agree to the terms and conditions listed above and I hereby authorize the release of any medical information necessary to process my health insurance claim and request payment of benefits to Midwest Endoscopy Services, LLC. I understand the above stated charges and that I am responsible for my balance in full. I understand I am financially responsible to Midwest Endoscopy Services, LLC, for charges not covered or denied by my insurance company. A photocopy of this agreement shall be valid as the original. This authorization is to remain in effect until revoked in writing by me or my legal representation.

Signature

Date