

## FINANCIAL RESPONSIBILITY

You are responsible for all costs of your treatment. Your insurance may or may not cover all of the costs associated with the plan of care pursued by you and your physician. All copays are due at the time of service. *As a courtesy to you we will bill and collect the amounts allowed by your insurance contract for your treatment.* We advise that you make sure of your insurance benefits before undergoing treatments / procedures.

## ADDITIONAL FEES DISCLOSURE

**Please be aware that certain services are *not typically* covered under the scope of a routine office visit by your insurance and, as such, are billed directly to you as follows:**

- Forms / Letters requiring completion by the MD \$35.00 per page  
(This includes state, commercial disability, work, jury, travel excuses, DMV forms etc)
- New Patient Office Visit “No Shows” or Cancellation less than 24 hrs. (payable before rescheduling) \$100.00 each time
- Established Patient Office Visit “No Show” or Cancellation less than 24 hrs. (payable before rescheduling) \$50.00 each time
- Procedure Cancellations with less than 7 days’ notice (payable before rescheduling) \$150.00 each time
- Returned Check / NSF Fee \$40.00 per incident

### **The following services will be billed to your insurance as permitted:**

- Patient initiated telephone Consultation/ Returned Calls
- Care Coordination with other Providers

## LATE ARRIVAL POLICY

Please be aware that if you are late to your appointment you may be asked to reschedule your visit or may have to wait until we can fit you in after our on-time arrivals have been seen.

## CODE OF CONDUCT

Marin Gastroenterology asks that patients be responsible participants in their care. Our expectation of responsible participation includes keeping your appointments and arriving on time, being considerate towards your provider, their staff members and other patients. We do not condone the use of profanity or arriving under the influence of alcohol or drugs. Patients who choose not to abide by this code of conduct, will be terminated from the practice.

If you are requiring a medication refill and have not been seen by the prescribing MD here at the practice in over 6 months you will be required to make an office visit prior to your prescription being renewed.

**Printed Name:** \_\_\_\_\_

\_\_\_\_\_  
**Patient Signature**

\_\_\_\_\_  
**Date**