

CLINIC POLICY

Welcome to Hattiesburg G. I. Associates. Please read the following items of our clinic policy, if you have any questions or problems, please call our office or speak with a receptionist at the time of your visit.

- Proof of insurance and photo identification must be presented to office personnel at each office visit.
- It is the patient's responsibility to notify the office of any changes in insurance status or changes in personal information to insure accurate insurance claims filing.
- Patients are required by their insurance carriers to pay any co-payments and/or deductibles and will be collected at the time the patient presents for their appointment. The patient is also responsible for any charges not covered by the insurance company.
- Payment in full is expected prior to office visit if patient does not have insurance.
- It is the patient's responsibility to notify our office staff prior to visit if their insurance requires a referral or pre-authorization to help insure payment of claim.
- Our physicians perform most procedures at our endoscopy center, the Digestive Diseases Center, and are on staff at Merit Health Wesley. No procedures will be performed at Forrest General Hospital.
- It is the patient's responsibility to notify the office within 24 hours if unable to keep office visit appointment. A fee of \$15.00 will be charged for any unexcused missed clinical appointment. Any patient who cancels a Digestive Diseases Center procedure less than 72 hours prior to that procedure, will be assessed a \$50.00 nonrefundable deposit fee.
- Any lab work done by this clinic is sent to LABCORP. If the patient's insurance requires labs be sent elsewhere, in order to be covered, inform the office personnel.
- Prescription refills should be called to our office between 8:00 - 4:00 Monday - Thursday. No routine prescription refills can be written or called in on Friday, Saturday or Sunday, as our physicians are not in the office on those days. It is the responsibility of the patient to check their medications and call the office on Thursday, if medication is needed before Monday.
- Patients may also request refills via our secure online portal. Refills will not be called into the pharmacy if the patient has not seen a physician in our clinic for 1 year.
- Prior to any scheduled procedure or clinic visit, any amount determined to be the patient's responsibility, such as any applicable deductible or co-pay percentages, will be paid at check-in for both Hattiesburg GI Associates and the Digestive Diseases Center.
- If you would like a copy of your medical record, 48 hours' notice must be given to allow ample time to copy the record. There is a fee of \$25 for copying medical records.
- During the course of a procedure, it may be necessary for biopsies to be obtained. Patients could receive a bill for Pathology charges from Gastrointestinal Associated, PA.

ACKNOWLEDGEMENT

I have read and understand that as a patient of the Hattiesburg G. I. Associates, I am responsible for any of the above information that pertains to me

I acknowledge and agree that Hattiesburg, G.I. Associates and any affiliates or vendor thereof, including collection or billing companies, may contact me by telephone or text message to any telephone number I have provided to you, and any other telephone number associated with my account, including wireless or mobile telephone numbers. I further agree that you may use any method of contact to these numbers, such as an Automated Telephone Dialing System (ATDS) or prerecorded message. I also agree that I will notify Hattiesburg G.I. Associates if I have given up ownership or control of any such telephone number.

Signature _____ Date _____