

Notice of Financial Policy of the Digestive Health & Nutrition Center

Welcome to the Digestive Health and Nutrition Center! All patients must complete the registration form and medical history form before meeting with Dr. Merlo. Photo identification is required for adults.

For Participating Health Insurance Plans: Dr. Merlo participates with many insurance plans. Ask if Dr. Merlo is in-network with your plan. You must provide your insurance identification card. You must also provide a referral if authorization is required by your insurance before meeting Dr. Merlo. You will be responsible for all charges if authorization is required but was not obtained. You must pay any applicable copay at the time of your visit. You must also pay all charges allowed by your insurance for which you have a deductible at the time of your visit.

For Non-Participating Health Insurance Plans: you are using your out-of-network insurance benefits and are responsible for all charges not paid by your insurance. You can ask for anticipated fees in advance.

For Charges Not Covered by Your Health Insurance: Your health insurance may not cover services even though the services are medically necessary and recommended by Dr. Merlo. You will be responsible for charges for visits or tests that are not covered by your health insurance. You can ask for anticipated fees in advance.

For Changes to a Scheduled Appointment: you must provide 48-hour weekday notice if you are unable to keep a scheduled appointment. Otherwise you may be charged for missing the appointment. The charge is \$35.00 for office visits, \$50.00 for in-office tests, and \$200.00 for facility based procedures such as colonoscopy and endoscopy.

For Outstanding Balances Due: you are required to pay within 30-days of billing unless prior arrangements were agreed to. Ask about payment plans and CareCredit options. Accounts not paid will be referred for collections with a 35% fee in addition to the balance due amount.

I have read and understand the above financial policy of the Digestive Health & Nutrition Center. I agree to the terms and conditions stated herein.

Signed _____ Date _____