Office Policy Information

BETHESDA ENDOSCOPY CENTER, LLC

All Patients:
Our receptionist is required to check and copy each patient's Insurance Card(s) and Photo ID.

Medicare: If any services are covered under Medicare, we will file necessary claims. If you have secondary insurance we will then bill your secondary carrier.

HMO, PPO, Unions, Discount Plans, and Traditional Plans: Any co-pays, percentages, and deductibles are due in full at the time of service. We will call to verify your coverage. If insurance cannot be verified, the patient will be responsible for the entire bill on the day of service. We will submit the full amount to your insurance carrier, benefits being assigned to our office. Any balance remaining once insurance has paid is the patient's responsibility. ***(Example: Co pay, Co insurance or deductible).*** Your insurance coverage is an agreement between you and your insurance carrier, **not a guarantee of payment.**

Payment: Payment can be made by Visa, MasterCard, Discover, Cash or Check.

Signature on file: If you wish for our office to file insurance claims with your carrier, we need an authorized signature on file to release information related to claims submitted.

I authorize release of information related to this claim:
Signed: (Patient, or Parent, if minor) _____

I hereby authorize payment of my group insurance benefits, otherwise payable to me, to Bethesda Endoscopy Center.

Signed: (Insured Person) _____

I have read the above information and acknowledge full responsibility for the payment of (co pay, co insurance or deductible) all services and agree that I will take the responsibility for any and all costs incurred by me.

Signed: _____ Date: _____
Patient, or Parent, if Minor

NOTICE OF PRIVACY PRACTICE

I, _____, hereby acknowledge receipt of the Notice of Privacy
(Print Name)
Practices given to me.

Signed: _____ Date: _____