

Practice and Facility Financial Policy

Thank you for choosing Frederick Gastroenterology Associates and Frederick Endoscopy Center as your healthcare providers. We are committed to building a successful physician–patient relationship and supporting the success of your medical care. Your understanding of our financial policies is an important part of that relationship.

Payments

- All copayments are due at check-in.
- Outstanding balances must be paid prior to scheduling future appointments or procedures.
- We cannot waive deductibles, coinsurance, or copayments, as this violates insurance regulations.
- A valid credit card is encouraged, not required, to be kept on file.
- Credit card information is securely stored in a system compliant with Payment Card Industry Data Security Standards (PCI-DSS).

Fees

- Returned checks, chargebacks, or declined payments will incur a minimum \$35 fee, in addition to the balance owed.
- Accounts with returned payments must be paid via cash, money order, or cashier’s check only.

Insurance

- All insurance cards must be presented at the time of service
- Patients must provide current insurance card(s) and photo ID at each visit.
- We will bill your primary insurance as a courtesy, but:
 - You are responsible for providing complete and accurate insurance information
 - You must notify us promptly of any changes (name, address, insurance, etc.)
- Failure to provide accurate information may result in the entire balance becoming patient responsibility
- Claims unpaid after 30 days may become patient responsibility

Important Notes

- We accept most major insurance plans; however, participation varies.
- **Patients are responsible for verifying:**
 - **Provider participation**
 - **Coverage and benefits**
- Insurance estimates are not guarantees—final determination is made by your insurance carrier

Out-of-Network / Non-Participating Plans

- If we are out-of-network:
 - You may be responsible for charges not covered by your plan. However, your rights and protections under the No Surprises Act may apply. This means that for certain services, you may be protected from unexpected balance billing and may only be responsible for in-network cost-sharing amounts, depending on your plan and the type of service provided.
 - A signed out of network waiver is required
- If you choose not to use insurance:
 - Payment of the total charge amount is required prior to service.
 - A signed election waiver is required

Secondary/Tertiary Insurance

- We do not retroactively bill secondary or tertiary insurance if not provided during the visit

Screening Colonoscopy

- Some plans may not cover a pre-procedure office visit
- If not covered, the patient is responsible for the balance according to their insurance plan

Referrals (HMO Plans)

- If your plan requires a referral:
 - You are responsible for obtaining it before your appointment
- If not received:
 - You will be responsible for full charges
 - A managed care waiver must be signed if no referral is obtained

Self-Pay Accounts

- Patients without insurance must pay an estimated amount prior to service
- Final charges are determined after services are completed:
 - Additional balance → billed to patient

- Overpayment → refunded
- A self-pay agreement is required

Appointment Cancellation Policy

Our highly skilled physicians are committed to your well-being and have reserved time just for you.

Missed Office Appointment Fees

- Please provide at least 24 hours’ notice for office appointment cancellations
- New patients: \$75.00 • Established patients: \$50.00

Procedure Cancellation Policy

- A minimum of 5 business days’ notice (excluding weekends and holidays) for procedures is required
- Late cancellations or missed procedures: \$300.00 fee

Statements and Billing

Frederick Gastroenterology Associates bills for services rendered by our providers, including office visits, telehealth services, FibroScans, procedures, and pathology services. Frederick Endoscopy Center bills for facility use. Western Maryland Anesthesia Associates will bill separately. When you have a procedure, you may see 4–5 separate charges, each from a different entity involved in your care. Because these providers bill independently, you may receive individual bills from each one.

Billing Process

- Patients will receive Klara text notifications two days after insurance pays a claim, if there is a responsibility. Messages will continue until balance is paid in full.
- Patients receive three (3) monthly statements via mail and/or patient portal
- If payment is not received:
 - A 10-day collection notice will be issued
- Accounts unpaid after 90 days:
 - May affect scheduling future appointments and procedures
 - May be sent to a collection agency
 - May result in discharge from the practice
- Payment plans may be available upon request. Please contact our billing department to discuss options.

Use of Artificial Intelligence (AI) Tools

As part of our commitment to providing efficient, high-quality care, our office may utilize artificial intelligence (AI) tools during your visit. These tools may assist with documentation and overall workflow. AI is used solely to support your healthcare provider and does not replace professional medical judgment. All information generated or supported by AI is reviewed by a qualified clinician to ensure accuracy. We prioritize your privacy and confidentiality. Any AI tools used are implemented in accordance with applicable healthcare privacy laws and regulations, including the Health Insurance Portability and Accountability Act, and are designed to protect your personal health information.

Contact Information

- **Main Office Hours:** Monday–Friday, 7:45 AM - 4:30 PM
- **Telephone Operational Hours:** Monday–Friday, 8:00 AM – 4:00 PM
- **Website:** www.fgamd.com **Patient Portal:** <https://fga.mygportal.com>
- **Western Maryland Anesthesia Associates:** 888-717-5383

Authorization to Release Information and Assignment of Benefits

I request that payment of insurance benefits (including Medicare benefits) be made on my behalf to Frederick Gastroenterology Associates and Frederick Endoscopy Center for any services furnished to me. I authorize the use of my Protected Health Information (PHI) for treatment, payment, and healthcare operations. This authorization may be revoked in writing at any time. I understand that I am financially responsible for any charges not paid by my insurance. By signing this form, I agree that any outstanding, current, and future balances (including deductible, copay, or coinsurance), as determined by my insurance carrier, are my responsibility and may be charged to the credit card on file unless an alternative payment method is provided at the time of service.

Acknowledgment

I have read, understand, and agree with the above Financial Policy. I understand my financial responsibility for services provided and acknowledge the courtesy extended by Frederick Gastroenterology Associates and Frederick Endoscopy Center in facilitating insurance billing. I understand that this policy does not obligate the practice to extend credit.

Patient Name: _____ **Date of Birth:** _____

Patient Signature: _____ **Today’s Date:** _____