Endoscopy Center of Colorado Springs
2940 N. Circle • Colorado Springs, CO 80909(office-719- 635-7321 (O) • (719)-381-4426 (F) Endoscopy Center 719-785-3500

FINANCIAL INFORMATION

DISCLOSURE OF OWNERSHIP

Endoscopy Center of Colorado Springs is a AAAHC accredited free-standing ambulatory surgical center (here after referred to as ASC) wholly owned by some of the Physicians of Associates in Gastroenterology. (Here after referred to as AG)) The following physicians have an ownership interest in this facility: Drs. VanOs, Lunt, Howden, Garza and Kavanaugh..

These procedures are performed at hospitals and other outpatient facilities in this community. I have the right to choose where to receive services, including a facility where my physician does or does not have an ownership interest. I agree to be treated at this facility.

INSURANCE INFORMATION

Endoscopy procedures are surgical/ outpatient procedures and will be processed as such by your insurance company. Your insurance plan will dictate the amount of out of pocket expenses. (co-pay—which is higher for ASC than for an office visit, individual and family deductible amounts). We **highly recommend** that you to call your insurance carrier to determine your benefits for the procedure that has been scheduled for you. There may be a difference in coverage for screening versus diagnostic procedures.

As a courtesy to our patients, we will do the pre-certification required by your insurance provider. In order to do this, we **MUST HAVE A COPY OF YOUR INSURANCE CARD(s)** at least 14 days before the procedure. We will need primary, secondary, (and tertiary) insurance information as all may require pre-certification. It is your responsibility to provide the needed insurance information to our billing department. Failure to provide insurance information or to report updated insurance information prior to the procedure may result in you being responsible for the full balance due.

FINANCIAL AGREEMENT

If you have insurance, we will help you receive maximum benefits by filing for you. Your insurance benefits will determine the amount of charges that will be billed to you. We will bill you for amounts not covered by your insurance including co-pays, co-insurance, and deductibles.

ASSIGNMENT OF INSURANCE BENEFITS

Medicare/Medicaid/Other Insurance

I hereby assign benefits to be paid, on my behalf, to the Ambulatory Surgery Center (Endoscopy Center of Colorado Springs) and the Physician that renders service to me. I understand and agree to be financially responsible for charges not paid within a reasonable time by insurance or other third party payer. I certify the information given with regard to insurance coverage is correct.

RELEASE OF INFORMATION

I authorize the Endoscopy Center of Colorado Springs to release all or part of my medical records when required for the submission of any insurance claims for payment to the Centers for Medicare and Medicaid Services and their agents, my insurance company(s), or to my employer (if this is a workers compensation claim).

I also authorize reports of my evaluation, treatments, and any follow up evaluations to be sent to or discussed with my referring Doctor, the Doctor requesting the consultation, my family Physician(s), as well as any other healthcare providers, hospitals, or outpatient facilities that I have or will identify to you.

I permit a copy/fax of this form to serve as an original signature of authorization.

PROCEDURE FEES

You will receive bills from several different providers for the care rendered to you today: The physician performing the procedure (Associates in Gastroenterology), the Ambulatory Surgery Center (Endoscopy Center of Colorado Springs), Anesthesia services and the pathology laboratory and pathologist if specimens are obtained during your procedure.

If you fail to cancel or reschedule within 48 hours of your scheduled procedure, you may be billed $100.00 for that missed appointment.

CUSTOMER SERVICE

If you need to discuss your account and / or set up financial arrangements, please contact our billing department. 719-635-7321. We accept cash or credit cards (Visa, Mastercard or Discover) as payment options.

CERTIFICATION

I have read and understand the information in this form and fully accept the terms specified.		
Patient Signature		**Date**
Witness Signature		**Date**

Patient Label