Financial Policy

Thank you for choosing Ohio Gastroenterology Group, Inc. as your healthcare provider. We are committed to providing you with the best possible medical care. A clear understanding of our financial policy is important to our professional relationship and understanding your bill is considered part of your overall treatment. To keep your cost of healthcare to an absolute minimum, we have adopted the following policies.

FEES & PAYMENTS

Fees are standardized and based on the complexity of your visit or procedure. Payment of co-payments and any outstanding balance is required at the time of service. We accept Personal Checks, Money Orders, Credit and Debit Card (American Express, Visa, Mastercard, and Discover). While the filing of insurance claims is a courtesy that we extend to our patients, all charges are your responsibility. For us to file a claim, you must present a current copy of your insurance card at each visit and communicate any changes in your personal contact information.

INSURANCE PLANS

Your insurance coverage is a contract between you, and the insurance company; we are not a party to that contract. Before your visit, please contact your insurance company to verify the physician and the facility that you are scheduled with participates with your plan and that the services that you intend to receive are covered.

PROCEDURE CHARGES

Patients undergoing endoscopic procedures will have separate charges for:

- Professional fee (physician fee for performing the procedure)
- Facility fee (hospital or endoscopy center)
- Lab facility (if a biopsy is done during the procedure)
- Anesthesia (if provided separately by anesthesiologist)

MISSED APPOINTMENTS & CANCELLATIONS

If you need to cancel an appointment, please call at least two business days in advance, so we can accommodate other patients needed to be seen. Cancellations in less than 48 hours or no shows may be subject to a rescheduling fee of $25.00 per office visit and $100.00 per procedure. Cancellation charges are not covered or paid by any insurance company, and therefore, charges will be billed directly to the patient. All cancellation fee(s) must be paid in full prior to scheduling future appointments. Dismissal from the practice may be the result of excessive cancellations.

NON-PAYMENT OF OUTSTANDING BALANCES

Accounts that are not paid in a reasonable amount of time may be sent to an external collections agency and reported to the credit bureaus. This may result in dismissal from the practice.

DISABILITY FORMS

Disability, FMLA, Life Insurance and other forms often require review and completion of detailed medical history by our clinicians. Please allow 5-7 days for completion of these forms. There is a $25.00 fee for this service, payable in advance.

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MEDICAL RECORDS FEE	If you request a copy of your medical records sent to yourself or another physician, these copies are billed on a per page basis, payable in advance, in accordance with HIPAA and Ohio state law. The per page fee schedule is available upon request. If a collaborating physician (primary care or specialist) requests portions of your chart to assist in your care, there is no charge.
RETURN CHECK FEE	Non-Sufficient Funds (NSF) checks are subject to a $30.00 fee (in addition to fees from your bank).
SELF-PAY & OUT OF NETWORK INSURANCE	You have the right to receive a Good Faith Estimate explaining how much your health care will cost. To request an estimate, contact our billing department at 614-457-4220, or email billing@ohiogastro.com.