



**William F. Hanavan, M.D.**  
**Heidi S. Gjersoe, M.D.**  
**Steven G. Abshagen, PA-C**

**Thomas P. Gushurst, M.D.**  
**William W. Webb, Ph.D., M.D.**  
**Lesley A. Cassetto, PA-C**

3304 Cooley Ct, Portage, MI 49024  
269-349-8930 or 269-349-2266, option 7 for Financial Services

[www.gsm-kec.com](http://www.gsm-kec.com)

## **FINANCIAL POLICY**

We are committed to providing our patients with the best possible medical care; if you have special needs, we are here to work with you. The following information is provided to avoid any misunderstanding or disagreement concerning payment for professional services.

Our office participates with a variety of insurance plans. For patients that are members of one of these plans, our business office will submit a claim for services. ***It is your responsibility to:***

- Bring your insurance card at every visit.
  - Be prepared to pay your co-pay at **each visit**.
  - Pay any balance not covered by your insurance plan, less any participating adjustment amounts.
- ❖ Payment for professional services can be made with cash, checks or credit/debit card.
  - ❖ Referrals: It is your responsibility to ensure that any required referrals for treatment are provided to the practice prior to the visit. If you do not have the referral, your visit may be rescheduled, or you may be financially responsible.
  - ❖ It is the patient's responsibility to provide us with current insurance information and to bring their insurance card and any copays/coinsurance to each visit.
  - ❖ If the patient is a minor (18 years and younger), the parent or guardian must sign a Consent to treat a minor form.
  - ❖ **Preventative services** may sometimes turn to medical procedures if a polyp or other finding occurs during the colonoscopy. Your insurance may then only pay the service as a diagnostic procedure rather than a screening. A screening colonoscopy may not be a covered benefit under your insurance plan or under Medicare benefit guidelines. **It is your responsibility to pay any balance not covered by your insurance plan, less any participating adjustment amounts.**
  - ❖ If you have questions about your insurance, we are happy to help you. Specific coverage issues, however, should be directed to your insurance company member services department. The phone number is typically on the back of your insurance card.
  - ❖ **Procedure & Office Appointment Cancellations:** Our office must be made aware of a patient's plans of canceling their appointment **at least 48 hours prior** to their scheduled appointment. Otherwise, the appointment will be considered a "No-Show" and fees may be charged to your account, as noted below:
    - **\$30.00 charge** per missed **Office Appointment** for an "Established Patient".
    - **\$50.00 charge** per missed **Office Appointment** for a "New Patient".
    - **\$50.00 charge** per missed **Procedure Appointment** (colonoscopy and upper endoscopies, etc.)
    - After three missed office or procedure appointments, the practice may elect to terminate our relationship with you and "Discharge" you from the practice.
  - ❖ **Non Sufficient Funds:** Any charges to our office for your returned check from your bank will be charged to your account.
  - ❖ **Medical Records Request:** Records that a patient wishes to have sent to another gastroenterologist office will be charged per copy. Copy fee's are according to Michigan laws.
  - ❖ **A Payment Plan Agreement form and Promise to Pay form are offered by our financial office. Feel free to contact us at 269-349-8930 for additional information.**

Our practice firmly believes that a good physician/patient relationship is based upon understanding **and good communication**. Questions about financial arrangements should be directed to Gastroenterology's Financial Services Department at 269-349-8930. We are here to help you.

**Please read, sign & date this Financial Policy and bring it with you to your appointment.**

Patient Name: \_\_\_\_\_ Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_

SIGNATURE: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_