



**Central Texas
Gastroenterology Consultants**

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Financial Policy

1. **Insurance:** As a courtesy to our patients, we will file insurance claims on all visits and procedures, whether your care is provided in our office, our endoscopy center, or a local hospital. When we file a claim on your behalf, the benefits will be assigned to Central Texas Gastroenterology Consultants, which means your insurance company will pay us directly. Central Texas Gastroenterology Consultants is authorized to transfer any patient overpayment to Central Texas Endoscopy Center. You (the patient) are responsible for payment in full of any applicable deductibles, co-insurance, and non-covered services. Please keep in mind that insurance coverage is a contract between the insurance company and the patient.
2. **Referrals:** Some insurance plans require that there be a referral made in order for the patient to see a specialist. If your insurance plan requires a referral, we will require that the referral be in our office prior to scheduling your appointment. Our office is happy to assist you in determining whether our providers are in network with your insurance plan, however this is not a guarantee of coverage. The best recommendation is to call your insurance plan to verify that our providers are in network.
3. **Uninsured patients:** Patients without insurance are required to pay for all services rendered. In order to utilize our cash pay discount, we will request payment for services on the date of service or before. If for any reason a private pay patient does not pay at the time of service, or make arrangements to pay, the patient will be billed full billed charges.
4. **Returned Checks/Declined Payment Plans:** Your account will be charged a \$30 fee for each returned check, and you may be asked to bring cash to our office to cover the returned check and fees. If you have set up a payment plan to charge to your credit card and it declines, you will be charged a \$30 fee and you may be asked to bring cash to our office to cover the balance and fees.
5. **No Show Fee:** We require a 24 hour cancellation notice for all office visit appointments. If this required notice is not given and/or you fail to show up for your appointment, a \$25 charge will be assessed. This fee must be paid prior to any subsequent appointments.
6. **Past Due Accounts:** Patients with accounts greater than 90 days past due may be turned over to a collections agency, and be reported to credit reporting agencies. Patients in collections are required to bring their accounts current, and to pay for future services in advance before being seen by our providers.
7. **Out of Network Services:** While we do our due-diligence to verify insurance eligibility prior to any office visits or procedures, we do not make any guarantees that services rendered are in network for your insurance plan. The patient is ultimately responsible for any charges for services rendered, whether considered in or out of network with your insurance plan.
8. **Non-Covered Services:** Despite our providers deeming services necessary to evaluate, treat, and protect the health of our patient, some insurance payers (including Medicare) will only pay for services the insurance company (and/or Medicare) determine to be "reasonable and necessary." If your insurance company determines that our services are not "reasonable and necessary" under their terms, they may deny payments. We are required to inform you if we have been notified ahead of time that your insurance company may not cover a service to be provided, and that you will be responsible for payment in that circumstance