

# DIGESTIVE DISEASE SPECIALISTS, INC.

**Business Office**  
5015 N Pennsylvania, Suite 303  
Oklahoma City, OK 73112  
(405) 767-6630

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## FINANCIAL INFORMATION FOR PATIENTS

It is our responsibility to ensure that all patients understand our financial policy. Therefore, you will be asked to read and sign a "Financial Responsibility/Credit Policy to our Patients" form prior to services rendered.

**What to Bring to Your Appointment:** Please bring your insurance card to your appointment. We require a copy of your insurance card(s) to file your insurance claim(s). If you do not have your insurance card, you will be responsible for payment-in-full at the time of your visit. If you do not have insurance coverage, we expect payment-in-full at the time of service, unless previous arrangements have been made. We also require that you bring photo identification to your appointment. Please bring a driver's license, photo ID card, passport or other form of photo identification.

**Insurance:** As a courtesy, our office will file a claim with your insurance company and initiate correspondence with the purpose of getting the maximum coverage your insurance will allow.

**Co-payments/Deductibles:** Due to poor reimbursement from insurance companies and rising healthcare costs, we find that we must enforce your agreement with your insurance company to pay any portion for which you are responsible at the time of service. This includes co-payments, coinsurance and/or deductibles. **All co-payments will be collected before you see the doctor.** If payment is not possible, we will be happy to work with you in getting your appointment rescheduled.

**Referrals:** If your insurance requests that you have a referral from your primary care physician to see our doctors, please make sure your primary care physician is aware of this, so that he/she may forward the necessary paperwork to our office.

**Procedure Statements:** Please note, if you are having a procedure, you will receive two separate bills, one from your physician and one from our ambulatory endoscopy center. You may also receive a third bill from a pathologist, if necessary. Note: The "patient portion" is only an **estimated** dollar amount.

**Cancellations:** If you are unable to keep an appointment, please give us at least 24 hours notice. If you cannot keep your appointment, please call our office as soon as possible, before your appointment, or you may incur a \$25.00 no-show fee for office visits and a \$75.00 fee for procedures.

**Delinquent Accounts:** If your account becomes delinquent, reminder letters will be mailed to your home address. If payment arrangements are not made with our staff, further collection actions may be taken. (This may include turning your account over to an outside collection agency and/or reporting to the credit bureau).

**Payment:** We accept cash, personal checks, money orders, cashier's checks and the following credit cards: **VISA, MasterCard, Discover, American Express.** A \$30.00 fee (payable by cash, money order or cashier's check) will be charged for returned checks.

If you have any questions or concerns regarding this information, or if you wish to make alternate payment arrangements, please call our Business Office at (405)767-6630.

Thank you.