

**Financial Policies**

**Identification and Proof of Insurance.** All patients must complete our patient information form before seeing a physician or provider at DHS. We will need your current insurance card(s) on file to verify insurance eligibility. If the insurance information is not provided in a timely manner, you may be responsible for the balance of an unpaid claim. We may request a copy of your insurance card and ID at every visit to our practice. Please be sure to bring this to every visit.

Please be aware that payment for all services rendered is your responsibility whether or not your insurance company pays your claim. We participate in most insurance plans, including Medicare, Medicaid and Tricare. If you are not insured by a plan we do business with, payment in full is expected at each visit. Though we may participate with your plan, your insurance benefits are a contract between you and your insurance company. We are not party to that contract.

If insurance eligibility cannot be verified prior to your office visit or procedure, you will be considered a self-pay patient and payment in full is expected at each visit until coverage can be established. Knowing your insurance benefits is your responsibility. Please contact your insurance company with any questions you may have regarding your benefits, deductible and coverage.

**Insurance claims submission.** If you are insured by a plan we participate with, we will file your insurance as a courtesy for the primary and secondary insurances only. If there are three or more insurance plans, we will gladly provide you the information necessary for you to file those additional claims on your own.

We will assist you in getting your claims paid. However, resolving claims issues that require additional information from you are your responsibility. If you fail to respond to your insurance company's request for additional information within a timely manner, you may be responsible for the balance of any unpaid claim.

**Co-payments, Co-Insurance and Deductibles.** All co-payments, co-insurance and deductibles are expected at the time of service. This arrangement is part of your contract with your insurance company. Failure on our part to collect co-payments and deductibles from patients can be considered fraud. Please help us in upholding the law and our contractual agreement with your insurance company by paying your co-payment at each visit. We will attempt to verify your out-of-pocket expense prior to any procedures being performed but pre-certification does not guarantee payment by your insurance company and therefore could become patient responsibility.

**Coverage changes.** If your insurance changes, please notify us before your next visit so we can make the appropriate changes to help you receive your maximum benefits. If your insurance company does not pay your claim within 45 days, the entire balance may be moved to your personal responsibility.

**Non-covered services.** Please be aware that some recommended services may be ordered by your physician but may be deemed not reasonably necessary by Medicare or your insurer based on plan limitations and/or your benefit structure. You will be advised in advance if we believe the service may not be covered, the reason it may not be covered and the anticipated out-of-pocket expense and you will be expected to pay for these services in full. Services that are never covered (based on your insurance and benefit structure) will be billed directly to you.

**Multiple Statements** – In the event that a procedure is scheduled or completed outside of the physician office, you will receive multiple statements for these services. Digestive Health Specialists, PA and the Center for Digestive Health (CDH) are two completely separate entities. DHS provides the physician/professional services part of the visit and CDH provides the facility where services are provided. CDH is jointly owned by North Mississippi Health Services (NMHS) and DHS. If you have a procedure there, you will receive separate statements from DHS and CDH. You will also receive a separate statement for anesthesia services from DHS Anesthesia for the sedation that is administered during the procedure. You may also receive a statement for lab, radiology, or pathology services if additional services are needed during the procedure, including biopsies. Insurance will be filed for all services rendered and

a separate statement will be sent from each entity. Please pay each statement separately.

**Non-payment** - If any balance is over 90 days past due, your account is subject to be referred to collection. Partial payments will not be accepted unless a payment plan has been established and followed as scheduled. . If at any point, a payment is missed, the collection process will pick up where it left off and the account could be referred immediately to an outside agency.

**Collection Agency** - If the account is referred for collection, agency fees up to 33% of the original balance will be added to the account to cover these external expenses which are unrelated to your balance with DHS. An additional fee of \$150 (minimum) for attorney fees, plus all pre-judgment cost of collections to include court cost in the jurisdiction of the Lee County, Mississippi court system for enforcement of payment of this account will be added in the event the account is forced into litigation.

**Credit Balances** – In the event that a credit balance is created on a DHS account, we will verify there are no outstanding balances before initiating a refund. Because of the administrative expense of processing a refund, any credit balance of \$10.00 or less will remain on the account for use at a future visit unless the refund is specifically requested.

**Contact Consent** – I give direct consent to receive communications regarding my accounts, appointments and treatment from this office or any servicers or collectors of my accounts, through various means such as: any cell, landline or text number that I provide, any email address that I provide, auto dialer system, voicemail messages and other forms of communications.

Please acknowledge your acceptance by providing contact information and signing where indicated below:

I prefer to be contacted by:

☐ Cell Phone Number \_\_\_\_\_  
☐ Home Phone Number \_\_\_\_\_ (texting unavailable)

Digestive Health Specialists, PA uses an electronic medical record (EMR) system to improve patient care. The web portal that is provided and maintained by North MS Medical Center makes portions of your medical record available to patients and caregivers. All communications are carried over an industry standard secure, encrypted connection. To initiate the Patient Portal and receive your personal identification number (PIN), please provide your email address below and respond to the notification you will receive within 30 days. You may also sign up for this free service by accessing registration at [www.nmhs.net/portals.php](http://www.nmhs.net/portals.php). For additional information about the benefits of registering for the NMHS Patient Portal, please ask the receptionist.

Email address: \_\_\_\_\_

Our practice is committed to providing the best treatment to our patients. In return, your adherence to these office and financial policies is requested and expected. Please let us know if you have any questions or concerns.

**I have read and understand the Digestive Health Specialists, PA office and financial policies dated June 1, 2025 and agree to comply with these terms as outlined above. A copy of this document shall be valid as the original.**

**Patient Name:** \_\_\_\_\_ **Signature:** \_\_\_\_\_

**Patient or Responsible Party**

**Date:** \_\_\_\_\_ **If Patient is a Minor - Relationship:** \_\_\_\_\_