



Office Financial Policy

Anil K. Sharma, MD • George Y. Kunze, MD • Bushra G. Fazili, MD • Michael E. Kader, MD • Jonathan I. Goldstein, MD • Keely R. Parisian, MD • Jonathan P. Wilmot, MD
KelleyAyn Wallace, PA-C • Julie Lawatsch, PA-C • Heather Allerton, PA-C • Nicolette Christopher, PA-C • Sarah Strumpf, FNP-BC

Our financial policy has been set up to prevent misunderstandings. We like to acknowledge patients who take a responsible approach for their medical care.

1. Full payment is expected at the time of service unless other arrangements have been made. There will be additional \$10 charge for copays for office visits not paid at the time of service.
2. **If an appointment is broken or cancelled within 24 hours for office visits, a charge of \$50 may be applied to your account. If an appointment is broken or cancelled within two business days for procedures, a charge of \$350 may be applied to your account.**
3. Your appointment time is reserved for you and out of respect for other patients and GGR employees, if you are more than 10 minutes late to your scheduled appointment, we reserve the right to consider your appointment canceled by you.
4. Return checks are subject to a \$40 service charge and will terminate your privilege to pay by check for future visits.
5. It is understood and agreed that in the event any outstanding balance has to be referred to a collection agency or attorney for recovery, you will be fully responsible for all collection agency and attorney's fees.

High Deductible Insurance Plans

More and more employers are signing their employees up with high deductible insurance plans. If you have such a plan, here are some things to remember:

1. As part of your contract with the insurance company, you are required to pay out-of-pocket until your deductible has been met.
2. Once your deductible has been met, you may still be responsible for co-insurance. This is generally a percentage of the charges.
3. Your deductible resets every year and may reset if you change your insurance.
4. It is your responsibility to know how much your deductible and co-insurance amounts are.

Effective March 1, 2025

5. The fee for office visits and procedures are set by your insurance company. The Practice is obligated to follow your insurance company's fee schedule. We are unable to discount fees below those set by your insurance company.
6. Our staff members are responsible for collecting your deductible and co-insurance. Please show them respect as they do their job.
7. Payments are due at time of service. We are requesting that patients with high deductible plans make a pre-payment at each visit based upon your scheduled visit. For Upper Endoscopy procedures, the practice requires \$450 upfront. For all office visits an estimated 20% of the visit cost will be expected at check-in. If you are unable to make a pre-payment, we expect you to contact our billing department to arrange a payment plan.

Please check with your insurance company if you have any questions. Thank you in advance for your understanding and cooperation.

I hereby authorize payment of medical benefits billed from my insurance to **Gastroenterology Group of Rochester, LLP**. I hereby accept responsibility for payment for any service(s) provided to me that is not covered by my insurance. I also accept responsibility for fees that exceed the payment made by my insurance. If a referral and/or precertification number are not provided at the time service is rendered, I will be responsible for the total amount due for services rendered.

I agree to pay all copayments, coinsurance, and deductibles prior to service being rendered.

Any questions regarding billing issues or your account with us can be directed to our billing service/department 1-833-415-5585. The billing office is available Monday through Friday 7:30am – 4:30pm Central Time.

Patient Name (please print)

Date of Birth

Patient Signature
(or guardian if patient is under the age of 18)

Today's Date

2080 Clinton Ave South
Rochester, NY 14618
(585) 271-2800 - phone
(585) 271-0375 – fax
www.rocgi.com

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