



Arizona Gastroenterology, LTD

Frederick Klein, M.D., Gary Monash, M.D., Scott Blinkoff, M.D., J. Patrick Dinning M.D., Leon Tsai, M.D., Bryan Contreras, M.D., Larissa Allen, M.D., Connie Coburn, CNP, Lisa Medeiros, CRNP-F

Patient Payment Policy

We recommend you contact your insurance carrier regarding these charges prior to any services being rendered as it is the responsibility of the patient to obtain coverage and benefit information from their insurance carrier. Any insurance verification we may provide is done as a courtesy and is not a guarantee of benefits, payment or your financial liability.

- **Arizona Gastroenterology, LTD – Physician Services**

Your financial liability can include your deductible, co-insurance and/or co-payment as determined by your insurance carrier. Copayments are collected at the time of the service. If you do not have your payment your visit will need to be rescheduled.

Self-Pay Policy

- **Arizona Gastroenterology – Physician Services**

Payment for office visits are due immediately following your visit payable to Arizona Gastroenterology. Depending on the level of service the fees are: New Patient Visit \$120.00 to \$331.20, Established Patient Visit \$69.60 to \$232.00, Hemorrhoid Banding \$500.00, Capsule Endoscopy \$1500.00. If you do not have your payment at the time of service your appointment will be rescheduled.

Cancellation/No Show Policy: We are committed to providing all patients with exceptional care. When a patient cancels without notice, they prevent another patient from being seen. Please notify us within 72 hours of your scheduled appointment if you need to cancel or reschedule. If prior notification is not received, patient will be charged a \$25.00 fee per office visit. This will be billed to the patient not to the insurance.

I have read and understand the Patient Payment and Self –Pay Policy

Patient Signature

Print Patient Name

Date