

## **FINANCIAL and MISSED APPOINTMENT POLICY**

### **MISSED APPOINTMENTS**

If you are unable to keep an appointment for a procedure such as EGD or COLONOSCOPY, you must notify the MAGIC office at 302-225-2380 Ext. 361 AT LEAST 4 BUSINESS DAYS prior to the date your procedure was scheduled in order to avoid a \$100 charge for the reserved but unused time on the schedule. Please realize that when you schedule a procedure, you are reserving a procedure room, your GI doctor's time, anesthesia time, nursing and staff time and that time will likely go unused if you do not keep your appointment. It is almost impossible for us to fill your reserved time without 4 days' notice because another patient that might be interested in your spot needs time to make arrangements to take off work, accomplish the bowel prep and find transportation.

If you are unable to keep an appointment for an office visit, you must notify the MAGIC office at 302-225-2380 Ext. 361 at least 1 BUSINESS DAY prior to the date your procedure was scheduled in order to avoid a \$25 charge for the reserved appointment time.

### **INSURANCE**

MAGIC participates with many insurance companies (visit [www.midatlanticgi.com](http://www.midatlanticgi.com)). It is YOUR responsibility to determine whether or not our practice is in network with your insurance company.

IF WE DO PARTICIPATE with your insurance company, all services performed in our office, at our endoscopy center (Mid-Atlantic Endoscopy Center) or at a hospital will be submitted to the insurance company unless we have received prior notification of non-covered services.

All co-pays and deductibles are the patient's responsibility and will be billed to you by MAGIC. HMO insurances may require referrals for services. If you have HMO insurance, it is YOUR responsibility to obtain the referral prior to the time of service. If you do not have a referral, you will need to reschedule the appointment or pay in full for the service at the time of the appointment.

IF WE DO NOT PARTICIPATE with your insurance company, we will not bill your insurance company. In this case YOU will be responsible for paying your MAGIC bill in full. After paying MAGIC, you may submit your itemized bill to your insurance company for partial or full reimbursement, according to the agreement that you have with your insurance company for out of network services. Please note that MAGIC may charge more than what your insurance company will pay.

### **PAYMENT METHODS**

MAGIC accepts VISA, MASTERCARD, AMERICAN EXPRESS, cash, check, or money order. All payments must be made at the time of service and any outstanding balance is due within 30 days, unless a prior payment arrangement has been made with the billing department. All balances that are unpaid after 90 days will be sent to a collection agency. In this event, you will be financially responsible for all collection and legal fees that MAGIC incurs related to the outstanding delinquent balance. If you have a past due

balance, you must pay that in full prior to any upcoming appointment. In addition, you will be required to pay in full at the time of service for any future services.

**AGREEMENT**

I have read and fully understand and agree to the financial and missed appointment policies outlined above by MAGIC. I also understand and agree that the terms of the above policies may be amended by the practice at any time without prior notification to the patient.

---

**Signature of Patient or Guardian**

**Date**