

**Boise Endoscopy Center**

425 W. Bannock St.  
Boise, Idaho 83702  
208-342-7169

**Meridian Endoscopy Center**

2235 E. Gala St.  
Meridian, Idaho 83642  
208-695-2100

**Canyon County Endoscopy Center**

1216 Garrity Blvd  
Nampa, Idaho 83687  
208-954-8218

## Financial Policy

Thank you for choosing Idaho Gastroenterology Associates. It is our mission to provide quality care to our patients by developing an organization in which the patients are involved in the decision making regarding their care and the financials associated with the care delivered. Finding a healthy balance between planning and account status is important in building a long-term relationship with the clinic. The following information outlines your financial responsibilities regarding payment for services rendered at Idaho Gastroenterology Associates and our Ambulatory Surgical Centers.

### Payments on Accounts

For your convenience we accept cash, check, or credit cards. All copays and past due balances are due upon check-in unless other arrangements have been made by you with our billing office (208-343-1702). Returned Checks or Disputed amounts with credit cards will be charged a fee of \$35 to your account.

### Insured Patients

It is your responsibility to provide current and correct insurance information. It is your responsibility to understand your coverage and its limitations. As a courtesy, we will verify insurance benefits and bill insurance on your behalf. The Billing Office cannot provide a guarantee of coverage for services to be rendered. The insurance company will make the final decision in regard to payment for your care. We will do our best to estimate a quote for you to financially plan ahead of time. Costs of procedures do vary depending on multiple factors such as findings, biopsies, and/or dilation that cannot be foreseen. Guidelines for a down payment are based on the account being cleared in a feasible time frame. If we are not contracted with your insurance company and the insurance company pays you directly you are responsible for the entire balance.

### Referrals and Pre-Authorizations

Our billing office will make every effort to obtain a referral/authorization if your insurance plan requires one in place for services to be rendered. If you choose to be seen before that is obtained, insurance may not cover or pay for any portion of the service. We will ask you to sign an ABN (Advanced Beneficiary Notice) in the event that the insurance does not pay, and you choose to proceed with services.

### Procedure Expected Bills

When having a colonoscopy or an endoscopic procedure a bill will be generated for the facility portion of the procedure encompassing the nurses, room, equipment, routine medications and supplies. The professional component will be billed for the provider's services regardless of the location. Services rendered at a local hospital will generate a hospital bill. Pathology will be a tertiary bill generated for the cost of testing the specimens if biopsies or polyps were removed. Anesthesia costs may be another added cost if it is required for the procedure.

**Additional Information**

The following information is needed for you to contact your insurance company to find contracting status, estimated out of pocket, and/or screening benefits for routine colonoscopies: Facility Name, Provider Name, and Common Procedure Codes. Documenting the call and keeping the reference number is important in the event that there is a discrepancy in how insurance processed after the claim has been submitted.

**Uninsured patients**

Patients are required to make a down payment at the time of service. This is the agreed amount set in place prior to the appointment. Balances would need cleared within four to six months depending on the out of pocket total. Paying in full would qualify uninsured patients for a discount. Please contact our billing office (208-343-1702) for details.

**Missed Appointments/Cancellations**

As a specialist office our appointments are scheduled several weeks in advance. We require a 48 hour advanced notice. If you are unable to keep your appointment, you may be charged a \$200 No Show/ Late cancellation fee if you do not notify us of your need to cancel. This fee is not covered by insurance. Please be respectful of your fellow patients. Failure to comply could jeopardize future care within our practice.

**Collections**

Idaho Gastroenterology Associates and the Endoscopy Centers utilize a collection agency for delinquent accounts. It is your responsibility to reach out to the Billing Office to set up a payment plan and clear accounts within six months. We will make at least one attempt to reach out to patients via phone, but balances are ultimately the patient's responsibility. Bonneville Collections is the collection agency. They do charge interest on balances annually.

**Authorization**

I authorize Idaho Gastroenterology Associates and Boise Endoscopy Center to submit insurance claims on my behalf. I authorize the insurance benefits to be paid to Idaho Gastroenterology Associates and its affiliates. I authorize and request any insurance benefits to be paid to Idaho Gastroenterology Associates and its affiliates for any services furnished me by that physician/supplier. I am aware that I am financially responsible for balances that insurance has deemed my responsibility. I have read, understand, and agree to the terms of the policy noted above.