

**BRYN MAWR MEDICAL SPECIALISTS ENDOSCOPY ASSOCIATES
AMBULATORY SURGERY CENTER**

INSURANCE AND BILLING AGREEMENT / FINANCIAL INTEREST DISCLOSURE

****PLEASE SIGN, DATE AND RETURN THIS AGREEMENT TO US
ALONG WITH YOUR PATIENT HISTORY FORM****

INSURANCE

Bryn Mawr Medical Specialists Endoscopy Associates (the Center) will submit medical service claims, which includes a physician procedure charge and a separate ambulatory surgery facility charge, on the patient's behalf to the provided insurance carrier. The Center does not assume any responsibility in regards to the contract between the patient and their insurance company. Please verify coverage with your insurance carrier, as services provided may be "non-covered" services according to your contract and our Center may be considered "out of network". Each patient will receive a bill for any non-covered services or services not paid for by their insurance company.

It is the Center's recommendation that the patient contact their insurance company pre-procedure to verify eligibility and all potential co-pays or deductibles for outpatient procedures in ambulatory surgery centers.

The Center participates with most major insurance companies.

If a patient is not covered by an insurance plan or is covered by an insurance plan that the Center does not participate with, payment will be requested at the time of service for all surgical procedures and related costs. A payment plan can be established with a patient if the patient is unable to pay the entire bill in full on the day of the surgery; however, a payment of 25% of the anticipated total amount will be required on the day of the surgery. Payment of deductible, co-pays, co-insurance, or non-covered services may be required in addition to this amount. The Center may ask for proof of income as verification prior to agreeing to a payment plan. If an extended payment plan has been offered to the patient, monthly payments will be required or the payment plan will be considered void.

CANCELLATION FEES: We appreciate a minimum of 2 business days for cancellation notifications. You may be subject to a cancellation fee if you don't arrive for your scheduled procedure.

FINANCIAL INTEREST DISCLOSURE

Bryn Mawr Medical Specialists Endoscopy Associates is a physician-owned facility. The physicians listed below have a financial interest in this center. You are free to have your procedure completed at an alternative facility should you choose to do so. This choice will in no way affect your relationship with your physician.

Physician Owners of Bryn Mawr Medical Specialist Endoscopy Associates:

- Robert R. Atkins, M.D. license # MD023939E
- Robert E. Levitt, M.D. license # MD016585E
- Jack A. Collazzo, M.D. license # MD052149L
- Jeffrey N. Retig, M.D. license # MD031650E
- Tom T. Nguyen, M.D. license # MD428415
- Thomas J. McKenna, M.D. license # MD438041

(please **turn over**, date & sign)

THE BILLING PROCESS

The Center files an insurance claim shortly after the date of service. The Center will file a second claim if it does not receive a response from the insurance carrier. A statement regarding payments will be sent to the patient after the Center receives a response from the insurance carrier, and there is a patient liability due.

A billing statement covering medical services rendered will be mailed to the patient on a monthly basis. After 120 days, the Center will begin collection proceedings. Patients are responsible for any associated collection costs.

The Center will accept cash, checks, VISA, or MasterCard as payment.

Anesthesia

Anesthesia services will be provided to you by anesthesiologists, sub-contracted by Bryn Mawr Medical Specialists Association, and billed separately from the Center & Gastroenterologist's charges.

Collection Balances

If a patient had a previous collection balance or is presently in collection, the Medical Director may use his/her discretion as to whether to allow services to be provided to the patient at the Center. The patient may be required to pay any previous balance in full prior to being rendered further surgical care. The patient will be responsible for payment of co-pays, deductible, etc., on the day of the procedure.

Pathology

All biopsy specimens are forwarded to an independent lab for analysis. It is the policy of these laboratories to issue a separate bill for their services. Based on insurance contracts and physician preferences, biopsy specimens will be sent to one of the following:

Robert S. Smith, M.D. PC d/b/a EndoChoice Pathology
BMMSA Dept. of Gastroenterology
Main Line Health Laboratories
Dianon Systems, Inc.
Chester County Hospital Dept. of Pathology
Quest Diagnostics
Miraca Life Sciences

I understand and agree to the contents and intent of this policy.

My signature below indicates acknowledgement and receipt of financial interest disclosure.

Signature

Date