

Welcome to Physicians Endoscopy Center! We appreciate your confidence in choosing us. The following financial policies have been designed to enable PEC to continue providing quality patient care in the most cost effective manner:

Your Facility Fee Includes:

- Nursing Care
- Procedure Room
- Recovery Room
- Medical Equipment & Supplies
- Sedation Medication

The Facility Fee DOES NOT Include:

- Physician Professional Fees
- Laboratory Testing
- Pathology Examination (ProPath Laboratories, Inc. and/or Gastroenterology & Liver Associates, PLLC)

Cash or Uninsured Patients

All charges are due at the time of service. We accept cash, checks, money orders, ATM Debit, Visa, MasterCard and American Express. Your procedure may be rescheduled if payment is not received prior to services being rendered.

Insured Patients

PEC will bill insurance plans as a courtesy to our patients. It is the patient's responsibility to determine whether or not a referral or authorization is required. Referrals and/or authorizations can be requested from your PCP or Gastroenterologist. If we have not received a referral or authorization prior to your arrival to our facility, your procedure will be rescheduled or full payment is due at the time of service.

Your insurance card(s), photo ID and correct demographic information is required at time of registration. PEC makes every effort to contact your insurance plan prior to your procedure to verify coverage and benefits. Verification does not guarantee payment by your insurance company. Your co-pay, deductible and/or co-insurance are due at the time of service. Your insurance company will be billed 2 days after your procedure and you can expect a statement 30 days later. If payment is not received from your insurance company within 45 days, the balance will become your full responsibility.

Non-Covered Services and Secondary Insurance Plans

All services determined as non-covered services and/or denied by your insurance plan will be your financial responsibility. Many people have insurance coverage available from more than one insurance plan. However, this does not guarantee that your services are covered at 100%. Secondary insurance plans reimburses for medical expenses after exhaustion of coverage available through the primary plan. If you disagree with the final determination made by your insurance plan(s), please contact them directly.

Delinquent Accounts

Prior to providing services, payment of prior outstanding balances will be requested. Patients with delinquent accounts or accounts that are considered bad debt may be denied services if not medically urgent.

All delinquent accounts may be referred to an attorney or collection agency for further action, which may impair personal credit ratings and/or incur additional expenses.

Medical Records

A fee of \$25.00 shall be charge for the first 20 pages and \$0.50 per page for every page thereafter. Requests will be processed within 10 business days after payment is received.

Screening Colonoscopy

Patients scheduled for screening colonoscopy have no signs or symptoms and have set insurance benefits for preventative screening exams. If the physician performing your exam finds a polyp or abnormality, your benefits may change and your insurance plan may pay differently. The colonoscopy will no longer be considered a screening exam, but will be considered a surgical procedure. You are responsible for your co-pay, deductible and/or coinsurance in the event that your screening exam results in a surgical procedure with a polyp or abnormality.

Medicare Patients:

Medicare covers screening colonoscopies for high risk patients every 2 years. Otherwise, screening colonoscopies are covered every 10 years. The coinsurance applies, but the Medicare Part B deductible may be waived. You are required to pay 25% of the Medicare-approved amount for procedures performed at PEC. However, if the screening exam results in a polyp or abnormality, the procedure is considered diagnostic and any unmet deductible and the 20% co-insurance will apply.

STATEMENT OF PATIENT RIGHTS AND RESPONSIBILITIES

PATIENT RIGHTS

- You have the right to be treated with respect, consideration and dignity.
- You have the right to appropriate privacy.
- Patient disclosures and records are to be treated confidentially, and except when required by law, you are given the opportunity to approve or refuse their release.
- You have the right to be provided, to the degree known, complete information concerning your diagnosis, evaluation, treatment and prognosis. When it is medically inadvisable to give such information to you, the information is provided to a person designated by you or to a legally authorized person.
- You have the right to participate in decisions involving your health care, except when such participation is contraindicated for medical reasons.
- Information is available to you and the staff concerning:
 - Patient rights, including those specified in this section
 - Patient conduct and responsibilities
 - Services available at the facility
 - Provisions for after-hours and emergency care
 - Fees for services and payment policies, and
 - Credentialing of health care professionals.
- You have the right to refuse to participate in medical research programs.
- You have the right to change primary or specialty physicians if other qualified physicians are available.
- Marketing or advertising regarding the competence and capabilities of PEC is not misleading to you.
- You have the right to be informed about procedures for expressing suggestions to the organization and policies regarding grievance procedures and external appeals, as required by state and federal law and regulations.

PATIENT RESPONSIBILITIES

- You are responsible to provide accurate and complete information concerning your present complaints, past illnesses and hospitalizations and other matters relating to your health.
- You are responsible for reporting perceived risks in your care and unexpected changes in your condition to your responsible physician.
- You and your family are responsible for asking questions when you/they do not understand what you/they have been told about the your care or what you/they are expected to do.
- You are responsible for following the treatment plan established by your physician, including the instructions of nurses and other health professionals as they carry out the physician's orders.
- You are responsible for keeping appointments and for notifying PEC or your physician when you are unable to do so.
- You are responsible for your actions should you refuse treatment or not follow your physician's orders.
- You are responsible for assuring that the financial obligations of your care are fulfilled as promptly as possible.
- You are responsible for following facility policies and procedures.
- You are responsible for being considerate of the rights of other patients and facility personnel.
- You are responsible for being respectful of personal property and that of other persons in the facility.

Any complaint or grievance may be directed to the Administrator, Physicians Endoscopy Center at (713) 587-0909, extension 105. If your complaint or grievance is not resolved to your satisfaction, you may contact the Health Facility Compliance Group at the Texas Department of State Health Services, 1100 West 49th Street – MC 1979, Austin, TX 78756 (888) 973-0022.

