

Thank you for choosing GI Associates for your digestive healthcare needs. In addition to providing high quality health care, we also feel it is very important to provide you with the financial information below. Our staff is here to help answer any questions you may have.

Insurance Information

- It is your responsibility to provide us with complete and accurate insurance information as we bill your insurance as a courtesy to you. It is your responsibility to understand your individual out of pocket obligations. This includes copayments, deductibles, and coinsurance amounts.
- We will verify your benefits prior to higher cost procedures and pre-certify any services requiring prior approval. If you have a high deductible health plan, we may ask you to pay a portion prior to your procedure.
- Certain procedures will not be scheduled until insurance coverage has been verified.
- If you are covered under an insurance contract, we are unable to provide additional discounts.
- If you do not have insurance coverage, please contact our Financial Counselor to discuss your options.

Surgeries and Procedures

- A partial payment prior to services may be required. Our Financial Counselor will work with you on this.

Payment & Arrangements

- All Balances are due within 30 days of your first statement.
- If you are not able to pay your balance in full within 30 days of your first statement for insured and uninsured patients, we do offer payment plans. Depending on your balance, we can make arrangements for up to 10 months. Please call and speak to our Financial Counselor to discuss in more detail.
- We accept over-the-phone credit card payments and can set up recurring monthly payments to be withdrawn directly from your card.
- We do not accept payments in person at our outreach facilities. Please call our Wausau location to make these payments over the phone.

Additional Information

- If we are unable to work with you to pay your balance and your payments default, we will turn your account over to an outside collection agency. If this happens, you will be required to prepay before further care will be provided to you.
- **Check Policy-** By using a check for payment, you agree that in the event your check is dishonored or returned for any reason, you will be responsible for your balance and a \$30 NSF fee.

Fee Information

- Fees are determined by the degree of complexity, as well as the skill and time required for each visit or procedure.
- Physician fees, facility fees, anesthesia fees, pathology and laboratory fees, when performed, are separate and distinct services and therefore billed separately.

Contact Information

- GI Associates Billing Department and Financial Counselor: 715.847.0048 or 866.908.0048 option (1) payment or (3) Financial Counselor