

## Financial Policy

It is the policy of Borland Groover to provide our patients with access to the highest quality gastroenterological care available. In order for us to do so, we must ensure that we are able to meet our operational expenses. We ask that you read, understand, and sign our Financial Policy prior to receiving treatment.

### **PAYMENT AT TIME OF SERVICE**

As a courtesy, we will bill your insurance for all services; however, we ask that you pay any portion of your costs not covered by your insurance due to deductibles, co-insurances, or co-payments on the day of service. Billing for these items is not only costly, but our statements often go unpaid. This results in increased costs to both you and other patients.

### **MEDICAL FORMS**

Patients who request a physician/clinical staff to complete their employer medical related forms/letters will be charged a fee of \$25, per form. Fee must be paid by cash/credit card at time of request.

### **SUBMISSION OF CLAIMS**

Your health insurance plan is a contract between you and your insurer. Although we file insurance claims as a courtesy to you, charges not paid by your insurance company are your responsibility. Working together, we can resolve most insurance issues in a mutually acceptable manner; nevertheless, it is the patient's responsibility to understand his or her policy limitations. In the event your health insurance determines that they will not cover a service that you have received, you will be responsible for payment.

### **PAYMENT OPTIONS**

You will receive monthly statements. The amount shown in the **"PLEASE PAY THIS AMOUNT"** box is your financial obligation. It is due and payable upon receipt. For your convenience, we accept payment in the form of check and credit from Visa, MasterCard, American Express and Discover. Payments may be made on our website at [www.BorlandGroover.com](http://www.BorlandGroover.com), called in at 904.398.2183, or mailed to 4800 Belfort Rd., Jacksonville, FL, 32256.

### **CHARITY CARE**

Our financial counselors are available to assist our patients in applying to receive charity care. This may be available for those who earn up to 300% of Federal Poverty Guidelines.

### **RETURN CHECK, NSF, CLOSED ACCOUNTS**

Payments made to Borland Groover that are not honored by the bank will incur a return check fee of \$25.00.

Patient Name \_\_\_\_\_ Patient Signature \_\_\_\_\_ Date \_\_\_\_\_

***By signing above, you agree to all the terms and conditions contained herein.***