



**DIGESTIVE** \_\_\_\_\_  
**DISEASE** \_\_\_\_\_  
**CONSULTANTS** \_\_\_\_\_

**Ranga S. Nathan, M.D., F.A.C.G.**  
Practice Limited to Gastroenterology and  
Liver Diseases  
**Clinical Assistant Professor**  
**Baylor College of Medicine**

## FINANCIAL POLICY

### To Our Valued Patients:

The best medical care is based on a friendly, mutual understanding between physician and patient. The following is our financial policy. We encourage you to discuss with us any questions you may have regarding our policies.

### Please read all information and acknowledge by signing below.

1. We ask that you present your insurance card at each visit. It is your responsibility to provide us with the correct information to bill your insurance.
2. If you have a change of address or telephone numbers, please notify the receptionist.
3. We will collect your deductible, co-payment, or charge for non-covered services at the time of your visit. If you have a balance after an insurance payment from a previous service, we will also ask for that payment. We accept cash, checks, debit and credit cards.
4. If your insurance denies our charges, or if your account becomes delinquent, we reserve the right to refer your account to a collection agency and to be reported to the credit bureau.
5. **MEDICARE PATIENTS:** We are participating provider with Medicare and we will bill Medicare for all your covered charges. If you have supplemental insurance, we will also bill that for you. If you do not have a supplemental insurance, your portion (20% of amount allowed by Medicare) will be collected. Each year you will be expected to pay the allowed amount of your charges until your Medicare deductible is met.
6. **HMO-PPO PATIENTS:** If we participate in your plan, we will bill your insurance for you. Your co-payment will be collected at the time of service-no exceptions. If your plan requires you to have a referral to see a specialist you will need to obtain that from you PCP prior to seeing us. No retroactive referrals will be given.
7. No show or missed appointments and procedures when an appointment is scheduled with the doctor, time is specifically allocated for you. When an appointment is not canceled in advance, the patient "no shows", another patient cannot be seen because the time slot was already taken. We understand there may be times when you are unable to keep an appointment, but we ask the courtesy of a phone call to cancel an appointment by you. There is a fee of \$50 for every no-show follow-up patient appointment, a \$100 fee for every new patient appointment, and a \$250 fee for every no show procedure appointment.
8. Your insurance is a contact between you, your employer and insurance company. **We are not a party to that contract.** It is very important that you understand the provisions of your policy. We cannot guarantee payment of all claims. If your insurance company pays only a portion of the bill or rejects your claim, any contact or explanation should be made by you, their policy holder. Reduction or rejection of your claim by your insurance company does not relieve you of your financial obligation.
9. Dr. Nathan holds limited financial interest in Humble Kingwood Endoscopy Center, Gessner Anesthesia, and LoneStar Histology.

I have read and have full understanding of the financial policy of Digestive Disease Consultants.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_