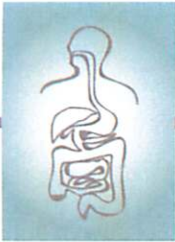

ALISTER A. GEORGE, M.D.
GASTROENTEROLOGY & HEPATOLOGY

Board Certified in Gastroenterology

Financial Policy

Thank you for choosing Alister A. George M.D. as your health care provider. We are committed to providing you with the highest level of medical care and satisfaction. The following is a statement of our financial policy. Please read carefully and sign prior to your services and/or treatment.

Payment is due at time of service.
We accept checks, cash, VISA, MasterCard, and most insurance!

Regarding Insurance
We may accept assignment of insurance benefits on your first visit. However, we do require that at the time of services you pay for co-pays, deductibles, and the portion of your bill that your insurance does not cover. Please bring in all insurance information if you wish for your insurance to be billed by our office. Please understand that we may not be a party to your insurance contract. As such, any unpaid portion of your bill is your financial responsibility. If your insurance company has not paid your bill in full within 45 days, be aware that some services may be considered "non-covered" services or may not be considered "reasonable and necessary" under the Medicare program and/or other medical insurance programs. Also be aware that interest may be charged on overdue patient accounts.

Usual and Customary Rates
Our practice is fully committed to providing our patients with the best services and most effective treatments available. You will find that our rates are competitive and comfortably within the usual and customary rates for gastroenterology specialties in our area. Sometimes insurance providers set arbitrary rates for services. Unless we have a contract with your specific insurance company, be aware that you are responsible for payment in full.

Missed Appointments
Effective November 2006, our policy is to charge for missed appointments at the following rates:

$25 per missed office visit
$75 per missed procedure appointment (does not include the facility fee for missed appointments)

Unfortunately, **this fee is not covered by your insurance** and will apply if you fail to notify us of a cancellation at least 24 hours in advance of your office appointment time and at least 48 hours in advance of your procedure appointment time. If you need to cancel an appointment, please respect our policy and kindly call our office during business hours to notify us of the change.

Assignment of Benefits
I authorize my insurance company to pay all benefits directly to Alister A. George M.D. I further authorize Alister A. George M.D. to release any medical information to my insurance company. I am responsible for all medical charges incurred including those that are not covered by my insurance company.

Patient Signature:______________________________ Date:______________

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