



Connecticut GI, PLLC Financial Policy

Patients with Insurance:

- The patient is responsible to provide CTGI, PLLC with current, accurate billing/insurance information at the time of check in and to notify CTGI, PLLC of any changes in this information.
- CTGI, PLLC will verify insurance eligibility and obtain any necessary Authorizations prior to rendering treatment. Prior Authorization is not a guarantee of payment.
- Co-pay is to be paid at the time services are rendered. This is a contractual agreement between the patient and their health plan. CTGI, PLLC also has a contractual agreement with the health plan to collect co-pays at the time of service and are required to report to the carrier any enrollees failing to pay the co-pay.
- We will bill to CTGI participating insurance plans as a courtesy to our patients if the patient provides the required insurance information before the filing deadline and signs an assignment of benefits statement. All information given regarding the ability to pay, third party insurance, employments, etc will be subject to verification.
- It is the patient's responsibility to determine whether a referral is required. The referral can be requested from your primary care physician. If you are unable to obtain the referral, you will be rescheduled.
- If your insurance rejects, denies, or covers only a portion of treatment, the patient will be responsible for immediate payment of the balance due. If this information is available in advance a deposit may be required prior to the services rendered.

Uninsured Patient:

- All charges are due and payable by the date of service.
 - All payment arrangements must be made in advance with the Billing Office.

Office Visits: Payment Arrangements made prior to your visit are due upon arrival.

Your account will be flagged with the amount due.

Without payment, your visit may be rescheduled.

Procedures: Payments must be made with the Rocky Hill Billing Office prior to procedure by phone, mail or in person.

Non-payment may result in rescheduling your procedure.

- We accept cash, checks and major credit cards.

Procedure Fees are broken down and billed separately as follows:

1. Professional – Physician's fee for performing the procedure
2. Anesthesia

3. Pathology – If biopsies are taken or polyp removed, the specimen is sent to a lab for analysis
4. Facility – Use of the facility

It is the patient's responsibility to confirm deductible, copay and coinsurance amounts.

Procedure No-Show and Cancellation Policy:

- Failure to cancel an office visit or procedure at least 24 hours prior to the scheduled appointment time will result in a fee of \$200. The patient is responsible for \$200 fee which will not be applied to any copay, deductible or coinsurance.

Delinquent/Unpaid Account:

- Prior to procedure, payment of outstanding account balances will be requested and should be received unless arrangements have been made with our Billing Office.
- Accounts which cannot be collected by the Billing Office after normal in-house collection process may be referred to a collection agency /attorney for further collection action. Charges shown by statements are agreed to be correct and reasonable unless protested in writing within (30) days of billing.

Refunds:

- Overpayment will be refunded to the appropriate party.
- Patient refunds will not be processed until all active or past due accounts are paid in full.

Returned Checks:

- Checks returned to Connecticut GI, PC for insufficient funds, closed account, stopped payment, or for any other reason will be subject to a \$25 fee.

For additional billing information, please call 860-257-4131

For questions specific to your plan coverage, please call the customer service number on the back of your insurance card.