

COLON AND RECTAL ASSOCIATES, LTD.

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BILLING POLICY

Thank you for choosing Colon and Rectal Associates, LTD. Our mission is to exceed our expectations by providing high quality care and achieving patient satisfaction. Your health and well-being is of the utmost importance to us. We have recently updated our billing policy. The cost of providing high quality care continues to rise and these changes are necessary to ensure that your needs are met. Effective June 1, 2017 our billing policy will be as follows:

1. All co-pays are due at time of service in order to be seen. Please contact your insurance company directly to confirm your co-pay amount for a specialist visit.
2. All referrals are due at time of service in order to be seen. We suggest you contact your PCP prior to your appointment with our office to confirm a referral was sent. Please request the confirmation number and date that the referral was issued.
3. All balances must be paid prior to services being rendered. All patient balances are due within 30 days of the statement date.
4. All patient balances and out of pocket fees including but not limited to, co-pays, co-insurance, and deductible are due no later than 48 hours prior to your scheduled procedure for service to be rendered. Please be advised you will be given an estimate for our physician's portion of your scheduled procedure and the amount is subject to change. You may also receive bills from the facility and the anesthesia physicians. After your claim is processed by your insurance carrier, if your remittance does not correspond with your remittance does not correspond with your insurance carrier's allowance, you will be billed for the difference or refunded for any overpayment.

We apologize for any inconvenience this may cause. However, no exceptions can be made as that would be a violation of our insurance contracts. As per the contractual agreement with our insurance carriers, we are unable to see patients without a co-pay or referral.

Please sign and date this document and return to the receptionist at your next appointment.

If you have any questions regarding this policy, please contact the office manager, Kelly Smith at 215-517-1250.

Patient's Printed Name: _____ Date of Birth: _____

Patient Signature

Today's Date