

COLON AND RECTAL ASSOCIATES, LTD.

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Billing Policy of Colon and Rectal Associates, LTD

Thank you for choosing Colon and Rectal Associates, LTD. Our mission is to exceed your expectations by providing high quality care and achieving patient satisfaction. Your health and well-being are 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 May 1, 2025 our billing policy will be as follows:

1. **All co-pays and prior balances are due in full at time of service in order to be seen.** Please contact your insurance company directly with any questions you may have regarding your financial obligation for specialist services.
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 the referral was issued. **Our NPI number is 1639124720.**
3. **At** This policy helps reduce administrative costs and supports our commitment to providing high-quality care. **Colon and Rectal Associates, LTD., we follow a Zero Balance Office policy to ensure a streamlined billing process and timely payment for services. All patient balances must be paid in full before additional services are provided. If your next appointment occurs before monthly statements are issued, our office will contact you to collect any outstanding balance. A copy of your statement is available upon request.** We encourage all patients to keep a valid credit, debit, or HSA card on file. This card will be used to promptly settle patient-responsible charges, including co-pays, deductibles, and any amounts determined by your insurance.
4. **Please be advised that we are not a participating provider for any Medicaid and/or state funded insurance plans. If you choose to have services with any of our physicians/providers, you will be responsible for the balance.**
5. **There will be a \$50.00 fee for missed office appointments without prior notice. There will be a \$250.00 fee for missed or canceled surgical procedures if 48 hours' notice is not provided.**
6. **There will be a \$25.00 fee for the completion of all forms.**
7. **Payment plans are available, and require a valid credit, debit, or HSA card to be placed on file with our office.**

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

I have read and understand the Billing Policy of Colon & Rectal Associates, LTD. I agree to pay any balances due within 30 days, or before my next appointment, whichever comes first.

Patient signature

Date

REV: 5-1-25