



## INSURANCE AUTHORIZATION AND FINANCIAL AGREEMENT

Gastroenterology Associates currently participates with Medicare, Piedmont Community Health Plan, Anthem (both PPO and PAR networks), Aetna, United Healthcare/Mamsi, Southern Health/Coventry, Medallion Medicaid and Virginia Premier Medicaid. It is the patient's responsibility to make sure the initial referral to be seen in our office has been arranged through the primary care physician if required by insurance.

**\*We will be glad to file any two insurances for you but you will be responsible for any fees not covered by your insurance plan. \***

### IF YOU HAVE MEDICARE:

I request that payment of authorized Medicare benefits be made to Gastroenterology Associates of Central Virginia, Inc. for any services furnished by one of their Practitioners.

I authorize any holder of medical information about me to release to the Health Care Financing Administration and its agents any information needed to determine these benefits or the benefits payable for related services.

### OTHER INSURANCES:

I agree to be financially responsible for all fees. I authorize the release of any medical information necessary to process any insurance claim(s) and request payment be made directly to Gastroenterology Associates of Central Virginia, Inc.

### Collection Fee:

I understand that if my account with Gastroenterology Associates of Central Virginia, Inc. becomes delinquent and is placed in collections, a 25% collection fee will be added to my balance owed.

### No Show Fee:

I understand that should I need to cancel or reschedule my appointment, this should be done no later than the day before the appointment. Failure to do so may result in a \$50.00 charge.

**Patient Name:** \_\_\_\_\_

**Patient Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_

**Legal Representative:** \_\_\_\_\_

**Date:** \_\_\_\_\_

**Relationship:**

**Witnessed by:** \_\_\_\_\_

**Date:** \_\_\_\_\_

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