



**Athens Gastroenterology Center, PC**  
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## **Practice Policies & Privacy Policies**

Welcome to Athens Gastroenterology Center, P.C. & Athens Endoscopy, LLC. We are pleased that you selected our office to be your center for GI care. We are committed to providing the best, most comprehensive care possible. Below is a list of information that will help you understand our office policies. Please take time to thoroughly read the following information regarding the office policies. An understanding of these policies should assist you in becoming oriented to the process of our office and how they affect you.

### **Patient Portal**

A secure and convenient way to communicate with the office for non-urgent requests, questions, make appointment adjustments, and updates of your medical history and general information. It will e-mail you reminders for your upcoming appointments and notify you of new messages from our office. If you are not currently set up on the Patient Portal, please call our Front Office Staff to set up a username and password. Then go to our website [www.athensgicenter.com](http://www.athensgicenter.com) and click on the Patient Portal to log-in, or go directly to <https://neuportal.eclinicalweb.com/athn/jsp/100mp/login.jsp>. You may access the Patient Portal from any computer.

### **Tests and Results**

It is the patient's responsibility to know what lab, radiology, and hospital facilities their insurance will cover. If you are not certain, please call your insurance to verify with them. Unfortunately, we are unable to know all the changes in insurance plans that exist. Your benefits are negotiated between your Human Resource Department and insurance carrier; we do not have access to your contract.

Please keep your follow up appointment. **If your next appointment is within two- three weeks following your test we will inform you of the results at that time.** Please allow 7- 14 business days for results on labs, radiology, pathologies, and procedures. If you do not have an appointment following your test, and you have not heard from us after 14 business days, please call us for results. You may expect to receive details on your results through the Patient Portal. The Patient Portal will send you an e-mail to let you know there is a new message on the Portal. If you are not set up on the Patient Portal, we will attempt to call you with results. If your results reveal a delicate status in your health our Medical Provider will inform you promptly and appropriately.

### **GI X-Press Appointments**

We are now able to book appointments within 24 business hours for sick patients in most cases. Please be prepared to pay your insurance co-pay, balance, and due deductible at the time of your visit.

### **Prescription Request/Refills**

Please contact the office during our business hours (9AM- 4:00 PM on Mondays.- Thursdays, and 9AM- 1PM on Fridays) to request a prescription refill when you determine you are getting low on your medication. Please do not wait until you are completely out of your medication to call. For your convenience, you may also use our Patient Portal to securely send us your request. Our Medical Providers do not call in prescriptions after hours as they do not have access to your file to verify dosage amounts and documentation. Allow 24- 48 business hours for Refills. Please call your pharmacy prior to pick up to verify they received your script. Prior Authorizations require approval from your insurance company and may take anywhere from 24 business hours up to 15 business days depending on how long your insurance takes to process requests. To speed the process, you may start your own Prior Authorization Request by calling your insurance company. If your insurance denies your medication, you have the right to call them and make an appeal. Your pharmacy can let you know if your medication is approved or denied.

### **Office Appointment Cancellations and Missed Appointments**

We require a notice of at least 48 hours if you need to cancel or reschedule appointments. As we try to accommodate our patient's needs when scheduling, we may be able to offer your appointment to another patient. If no notice is given to cancel/ reschedule then we are not able to offer the appointment to other patients who may need it. For this reason, after two missed appointments without notice to cancel/ reschedule, our policy is to consider discharging your care from our practice. A \$50 fee will be charged for appointments not canceled 48 hours prior to appointment or if you NO SHOW.

### **Procedure Appointment Cancellations and Missed Procedure Appointments**

Please make necessary arrangements to keep your scheduled procedure. Out of consideration for other patients who could have had their procedure scheduled sooner, a \$100 non-refundable fee will be charged (prior to rescheduling your procedure again) for canceled/rescheduled procedures if not canceled/rescheduled within 72 hours. This fee will not be applied to your balance or any due deductible.

### **Updating Your Information**

It is the patient's responsibility to make sure we have your updated name, address, phone, insurance, and pharmacy. It is our protocol to verify this information at each office visit. Please let us know if this information changes as soon as possible.

### **Insurance and Non-Insured Patient Pay**

We accept most insurance policies at this time and will work together **with you** to ensure that your services are covered. We bill most insurance if proper information is provided. If there is a change in your insurance benefit you must notify our Front Office Staff immediately. In the event that charges are denied due to problems with your insurance, we will do our part to have the problem corrected. If we are unable to settle the problem with the insurance company then the unpaid portion of the charge will be billed to you. It is, however, the patients' responsibility to contact the insurance carrier to verify his/her insurance is active and in network. Fee for returned check is \$35 per incident.

We will need you to **bring your insurance cards to each office visit** in order to verify changes. If you have **Medicare or insurance with a Medicare "take-over" plan** we will need to **your red/blue Medicare card**.

... *Office Protocols and Financial Policies continue on the backside...*

If you have two or more insurance coverage, please be sure to notify the Front Office Staff. We will bill most secondary insurance companies for you. If you are planning to have a procedure, please ask our Front Office Staff to give you a copy of our Procedure Billing Notification. Medicare Fee for Service commercial insurance card **must accompany your red/blue Medicare card.**

Any portion of the charge your primary and secondary insurance does not pay within 30 days of billing will be billed to you. Since your agreement is with your insurance carrier and it is a private agreement, we do not routinely research why an insurance company has not paid or why it paid less than anticipated for the care services. Patient is responsible for all co-pays, co-insurance, and deductibles at the time of service. Any deposits which may be due for procedures must be paid at least 48 hours before the scheduled procedure. Amounts not paid will be subject to cancellation of procedure or upcoming office visits.

For the convenience of our patients we now accept **Care Credit**. We are more than happy to assist you with your application for Care Credit which offers 6 months with no interest. Some large balances can be setup on a payment plan adjacent to a credit card number or voided check for auto-deduction.

**Cash Pay patients** are required to **pay** for their office visit at Check-In prior to seeing provider. If you are planning to have a procedure, please ask our Front Office Staff to give you a copy of our Procedure Billing Notification. We **require the balance for the procedure to be paid prior to the procedure.**

Please be aware the **physician's service fee** for performing the procedure(s) is **separate** from the **Endoscopy fee** charged by the **facility/hospital** for use of its endoscopy suite, supplies, and staff. *Please note:* **Screening/Routine colonoscopies are not Screening/Routine if any abnormality is found during the colonoscopy and will be filed to your insurance as a diagnostic colonoscopy.** Athens Gastro Center and Athens Endoscopy, LLC are two separate facilities and are billed separately. Your insurance may pay for endoscopic procedures at **Athens Endoscopy, LLC, Athens Regional Medical Center** or **St. Mary's Hospital** at the in-network or out-of-network rates. If you wish to find out an approximate fee allowed by your insurance company, please have the policy holder contact an insurance company representative. (Colonoscopy code 45378 and EGD code 43239 these are subject to change upon findings during procedure.) It is possible your insurance policy requires you to pay a deductible, co-insurance, or co-pay for this procedure, which may be due prior to the procedure. If your deductible is not currently met, it is possible you may be asked to pay part of the deductible to the physician's office prior to the procedure and another part (*if the deductible is still not met*) to the facility/hospital. Your insurance will be billed for an official *decision* on payment. Additional procedures/tests may be necessary once the primary procedure has begun. These procedures/tests may include blood specimens or biopsies which will be sent to a third party agency for processing. These services are billed separately from the third party agencies. **If Anesthesia is used**, it will also be billed separately by the third party agency.

#### **After Hours/Emergency Problems**

In the event of an after-hour's true emergency, go directly to the Emergency Room (ER.) If you call our office after-hours, our 24 hour answering service will promptly contact the physician who is on call if it is an emergency. Please use discretion when utilizing this service. If the situation is one that can wait until the office opens, please, leave a voicemail. In an effort to provide you with the best care, all after hour cases of true emergency will be handled according to the problem. If you determine that you have an emergency during office hours, please do not wait until the evening to contact the office. Our medical staff will be made aware of your situation immediately and will attend to your problem while they are in the office. If you have not heard back from us, at that moment go straight to ER. Never hesitate to go to the ER.

In the event that the physician is called out of the office due to a patient emergency, the staff will make every effort to contact you to reschedule your appointment, or offer to have you see the Nurse Practitioner. Please understand due to emergency procedures and situations there will be times that our Medical Provider may be running late to the office. Please be considerate in this situation, as we will provide the same delicate care for you or your family member as needed.

#### **Requests for Completion of Forms, Questionnaires and Medical Records Requests**

Due to a high volume of requests for forms/ questionnaires to be completed, letters to be created, and medical records requests, there is a fee for these services. **Pre-payment** is required for items A-D **before we can provide the service for EACH request.** A) For patients requesting their medical records, patient must come in to sign a Release Consent, pay \$40 fee, and present ID. Completion turn-around: up to one month. B) FMLA forms, Disability forms, and other forms/ questionnaires will only be completed for gastro/ hepatic related disorders/diseases. There is a \$30 fee for the first two pages and \$5 for each additional page. The patient is required to complete their portion on the forms/ questionnaires. Forms will be completed according to the patient's medical information and the physician's professional opinion. Payment will not alter the physician's professional opinion. Completion turn-around-time: up to two weeks. C) For letters to be created by our Medical Provider, there is a \$30 fee. Completion turn-around-time: up to two weeks. D) Due to a high volume of requests for itemized statements, there will be a \$10 fee for each request.

#### **Your rights regarding medical information about you and to request restrictions**

Your medical records are the property of Athens Gastroenterology Center; however, the information contained in the medical record belongs to you. By law we are not allowed to give out medical information or test results to anyone, even relatives, other than the patient, unless there is a signed consent form by the patient, patient's Power of Attorney, or Legal Guardian. You may request a consent form from our staff. You may also request a limit on the medical information we disclose about you to someone who is involved in your care or payment, such as family member or friend. You have the right to request a restriction or limitation on the medical information we use or disclose to another Medical Provider. We are not required to agree to your request. There are no restrictions on disclosing information about you which may be used for treatment payment or health care operations.

For **Athens Gastro Center**: If you have any questions concerning our policies or would like a copy of our Privacy policy, please contact: TanDeKaH Scott, Office Manager, 21 Jefferson Place, Suite 1, Athens, GA 30601.

For **Athens Endoscopy, LLC**: If you have any questions concerning our policies or would like a copy of our Privacy policy, please contact: TanDeKaH Scott, Endoscopy Nurse Manager, 21 Jefferson Place, Suite 2, Athens, GA 30601.

If you would like to read the Practice Policies & Privacy Policies in a larger format, please visit our website at [www.athensgicenter.com](http://www.athensgicenter.com).