



Narciso L. Gomez, MD, FACS, FASCRS

BOARD CERTIFIED

COMPASSIONATE SURGICAL CARE

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SHERIDAN EXECUTIVE CENTRE

HOLLYWOOD, FL 33021

FINANCIAL POLICY

We appreciate your giving us the opportunity to serve as your healthcare provider. We are committed to giving you the best healthcare possible. The following is a statement of our financial policy that we require all patients to read, agree to and sign prior to treatment.

Patient Documents

We require a copy of the patient's driver's license and insurance card. The insurance information must be filled out completely on the patient form to properly bill your insurance. We accept assignment on all insurance claims, however, the remaining balance once insurance pays is your responsibility. Your insurance policy is a contract between you and your insurance company and we are not a part of that contract.

You are responsible for:

- Knowing the specifics of your insurance plan
- Knowing the deductible amounts, copays, & any other out of pocket cost you may incur
- Knowing if we participate with your insurance plan

If the insurance company has not paid your claim within 60 days we have the right to make the balance the patients responsibility. Please understand that some services may be denied and considered not covered or not medically necessary by your insurance. These amounts will be considered the patients responsibility.

If we are in network with the insurance all copays and deductibles are due at the time of service. If we are not in network you will still be responsible for all copays and deductibles in addition to any other portion that is not covered by your plan.

Payment:

All charges must be paid in full at the time of service. Alternate payment plans can be made, under certain circumstances as deemed appropriate by Colorectal Surgery Associates P.C.. All adults that accompany anyone under the age of 18 will be considered legally responsible for paying any charges that are due and must sign any forms that our office requires.

****We accept cash, checks, and most all major credit cards****

**** **We do charge \$50.00 for all no show appointments******

After 3 no shows you may be subject to dismissal from the practice

If you need to reschedule you must please do so at least 24 hours prior to your appointment time. If you are more than 15 minutes late, you may be asked to reschedule.

Medicaid patients are required to pay their copay at each visit. It is also your responsibility to keep up with the number of visits you have used since you are only allowed 12 per year. We may need to request additional visits prior to your appointment.

Self-pay patients are required to make a payment at the time of service. If payment can be made in full, a 50% discount will be allowed. If payment cannot be made in full, 1/3 payment is required with scheduled payments for the balance owed.

Thank you for your understanding of our financial policies. Please let us know if you have any questions.