

GI Consultants, LLC

Dr. Bhavin Dave

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Important Billing and Insurance Information for our Valued Patients

Thank you for selecting our practice for your gastrointestinal health. The following information is very important to receive coverage from your insurance company.

1. Your insurance company often requires a referral and/or a prior authorization from your Primary Care Physician. If your insurance company requires a referral or authorization you **WILL NEED** this **PRIOR** to your office visit with us. This is a policy which your insurance company has and we are required by your insurance company to obtain this number prior to seeing us. Anyone without a proper authorization will not be seen.
2. Many insurance policies have co-pays and/or deductibles which must be paid at the time of service. Once again, this is required by your insurance company.
3. Please know your insurance coverage in detail. Even the same insurance company offers several different policies with different coverage. For example, some Blue Cross plans require a referral for each specialist, office visit, and procedure; while other Blue Cross plans do not require a referral. These policies may change every year. So, please call your insurance company, workplace, or review your insurance handbook to have an understanding of your co-payments, deductibles, referral requirements, and where to go for special tests, such as xrays and bloodwork, to obtain the best coverage.
4. Please understand that our office calls your insurance company to get a prior authorization for a procedure based on your symptoms. However, this is not a guarantee of payment by your insurance company.
5. If your insurance company does not pay for your specialist visit or testing, **YOU** are responsible for that payment in a timely manner after reasonable efforts have been made to receive payment for your insurance company.
6. If you do not give 24 hours notice for canceling an appointment, you will be charged \$35 which will be your responsibility, not your insurance company.
7. You will be charged \$35 for any bounced check.

I acknowledge reading the above information.

Date: _____

Signature: _____