

## **Pre-Payment Policy For Outpatient Procedures**

Dear Patient,

You are scheduled for an elective outpatient procedure. We have verified your current insurance and require you to prepay any deductible, co-pay, or co-insurance **1 week** prior to the procedure. To retain your scheduled procedure, we request that payment is made through one of the following options:

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**Credit Card-We Accept:** Visa/MasterCard over the phone or by mail

**Cash:** Please Pay in person at our office

**Personal Check/Money order:** May be mailed to 2400 Miccosukee Rd, Tall, FL 32308 or presented in person

(Note: checks need to be made out separately to doctor "*Digestive Disease Clinic*" & facility "*Tallahassee Endoscopy Center*")

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If you have a copayment or deductible you should receive a pre-payment ESTIMATE. Your final bill could be more or less once the claim is processed by your insurance plan. If the pre-pay and the actual processing of our insurance claim results in an overpayment on your account balance, you will receive a refund from our office. All account balances remaining after insurance has processed, are to be paid within 30 days of first billing statement.

**We ask that you contact your insurance to verify your benefits. We will not be held responsible for benefits quoted incorrectly.**

**Pathology Charges:** Pathology is an unforeseen charge due to possible biopsies that could occur if an abnormality is found. We will bill pathology separately and any balances will be billed to you.

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**Note:** If time permits you will receive your prepayment **ESTIMATE** via postal service mailing. Otherwise you will need to contact the Business Office and arrange payment before your scheduled appointment.

Business Office Phone: 850-656-2549