



Arizona Gastroenterology, LTD  
Arizona Digestive Institute, LLC  
Professional Anesthesia Services, PLLC

## PATIENT PAYMENT POLICY

We recommend you contact your insurance carrier regarding these charges prior to any services being rendered as it is the responsibility of the patient to obtain coverage and benefit information from their insurance carrier. Any insurance verification we may provide is done as a courtesy and is not a guarantee of benefits, payment or your financial liability.

If your colonoscopy has been scheduled as a screening, meaning you have no symptoms such as, but not limited to, change in bowel habits, bleeding, anemia or pain, and your doctor finds a polyp or tissue which is removed during the procedure, your colonoscopy may no longer be considered a screening. If it is considered a diagnostic colonoscopy your insurance benefits may change.

The following are the associated charges you will incur for your upcoming procedure:

- Arizona Gastroenterology, LTD (Physician Service)  
Your financial liability can include your deductible, co-insurance and/or co-payment as determined by your insurance carrier.
- Arizona Digestive Institute, LLC (Facility Service)  
At the time of your service any deductible, co-insurance and/or co-payment will be collected. If you do not have your payment, your procedure will be rescheduled. Additional liability will be billed as determined by your insurance carrier.
- Professional Anesthesia Services, PLLC  
Your financial liability can include your deductible, co-insurance and/or co-payment as determined by your insurance carrier.
- Pathology Services  
If a biopsy is taken or polyps are removed the specimen must be sent for pathological evaluation. Your financial liability can include your deductible, co-insurance and/or co-payment as determined by your insurance carrier.

**Cancellation/No Show Policy:** We require no less than a 24 hour notice for all cancelled appointments. If the cancellation notification is less than 24 hours, or you do not show for an appointment, the patient will be charged a \$50.00 cancellation fee for procedures or a \$25.00 cancellation fee for office visits.

**Payments on account cannot be accepted at any office location.**

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Patient Signature

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Print Patient Name

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Date