

## **Digestive Healthcare Policies**

### ***Appointments***

Please bring all of your insurance cards and medications with you at the time of your appointment. Please notify the office of any changes in your address, phone number, insurance coverage etc. immediately to prevent any delay in filing claims.

For your first appointment, please bring your medical records or have your physician fax your records to our office at 919-791-2041. If your insurance plan requires prior authorization, please make sure we receive it before your appointment date.

### ***Prescription Refills***

Please call your pharmacy and they will contact us. Please allow 48 hours for refills to be called to your pharmacy. If you need to contact us for emergent refills please have your pharmacy name and fax number available.

### ***Payment***

Please be prepared to pay co-payments and deductibles (if applicable) at the time of service. We will file your insurance for you and then bill you for any balance due.

### ***Insurance***

We are in-network with Blue Cross and Blue Shield, United Healthcare, Medcost, Aetna, Cigna, PHCS/GreatWest, Humana Gold Choice, Mail Handlers-First Health, Medicare, Medicaid/Carolina Access, OneNet, Partners-Blue Medicare, PHCS, Project Access, Secure Horizons, UMR, Medicare Complete, Evercare.

### ***Privacy***

Our office is dedicated to ensuring the privacy of your medical information. If you would like a copy of your records to be sent to another provider, you MUST sign a release of information form giving us permission to release your records.

### ***Hospitals***

Our physicians provide endoscopic services at Raleigh Endoscopy Centers and Rex Hospital. We provide inpatient consultation only at Rex Hospital.

### ***Test Results***

We strive to get your test results to you in a timely manner. Please expect to hear about lab work and radiology in 5-7 business days and biopsy results in 7-10 business days.

### ***Endoscopy Procedure Cancellation Policy***

Digestive Healthcare reserves the right to charge a \$150.00 fee for failure to show for your scheduled procedure, or a cancellation/reschedule within less than 2 business days prior to the procedure time. It is our policy to offer quality care for our patients, and this policy will ensure that we can accommodate all patients' needs efficiently.