

Financial Responsibility and Referrals

Please be aware that patients are responsible to contact their insurance carriers for their individual coverage and benefits.

If you have a managed care plan, and your insurance requires a Specialist referral, please contact your Primary Care Physician and have a referral in place before your procedure is performed to avoid any additional charges that you may incur. The referral can be faxed to the endoscopy scheduling fax # 508-210-5807. Provider and NPI # _____.

If the referral is not in place by date of service the hospital will have you sign a waiver accepting financial responsibility for the procedure.

Keep in mind that **screening** colonoscopies/endoscopies and **diagnostic** procedures will also differ in insurance co-pays and deductibles.

Please note, based on your insurance you may be responsible for additional out of pocket costs for any findings during your screening. Please be sure to contact your insurance company regarding your coverage benefits.

GI ENDOSCOPY CANCELLATION, RESCHEDULE, & NO SHOW POLICY

Thank you for trusting your medical care with Beth Israel Deaconess Plymouth Gastroenterology Department. When you schedule an appointment with our practice we set aside enough time to provide you with the highest quality care. Should you need to cancel or rescheduled an appointment please contact our office as soon as possible, and no later than 72 hours prior to your scheduled appointment. This gives us time to schedule other patients who may be waiting for an appointment.

Please see our Appointment Cancellation/No Show/Reschedule Policy below:

- Any patient new or established who fails to show, cancel, or reschedule an appointment and has not contacted our office with **at least 72 hours' notice** will be considered a 1st No Show.
- Any patient new or established who fails to show, cancel, or reschedule an appointment with **out a 72 hour** notice or for a **second** time will be a 2nd No Show, and notified by letter.
- If a **third** No Show, Cancellation, or Reschedule within 72 hours' notice should occur **new** patients may be referred back to their referring provider for failure to comply, and **not be rescheduled**.
- For any established patients of the Beth Israel Gastroenterology practice who fail to complete their appointment after the third time, we reserve the right discuss your scheduling status with your gastroenterologist and you **may** be dismissed from the practice for non-compliance.

As a courtesy, we make automated reminder calls for appointments 10 days and 48 hours prior. If you do not receive a reminder call or message, the above Policy will remain in effect.

We understand there may be times when an unforeseen emergency occurs and you may not be able to keep your scheduled appointment. If you should experience extenuating circumstances please contact our scheduling department as soon as possible, you may contact Beth Israel Gastroenterology at the numbers below:

Beth Israel Endoscopy Scheduling Line M-F 8a-4p (508) 210-5806

Beth Israel Gastroenterology Office M-F 8a-430p (508) 747-1560