



COASTAL ENDOSCOPY CENTER, LLC

175 Gunning River Road | Building A | Unit 4 | Barnegat, NJ 08005-1436

Tel: (609) 698-0700 Fax: (609) 698-0777

COMMERCIAL INSURANCE AND SELF PAY PATIENTS

Coastal Endoscopy Center (CEC) will bill your primary and secondary insurance carrier for the services you receive in our center, in accordance with all applicable laws and rules regarding patient privacy and security to ensure the confidentiality and safety of our patient’s medical records. If CEC is out of network with your carrier, and you do not have secondary coverage with any other carrier or with Medicare or Medicaid, CEC will accept the payment received from your insurance carrier(s) as payment in full and will not bill you for any balance.

You may receive a bill from CEC for the **FACILITY FEE** if:

1. Payment is denied by your carrier due to pre-existing conditions.
2. You do not provide information requested by your insurance carrier.
3. Your policy benefits have been exhausted (i.e. you’ve reached your benefit maximum).
4. Your workers compensation or motor vehicle carrier denies your claim as unrelated.
5. Your insurance carrier mailed payment to you rather than CEC and you did not forward the payment as instructed below.
6. You have an attorney’s letter of protection and the case does not settle in your favor.
7. We have no response from your insurance carrier.
8. When we participate with your carrier, you will be billed according to your plan’s benefit and you will be charged for any deductible, co-insurance in accordance with your coverages,

CEC does not participate with all commercial insurance carriers. Payment may be made directly to the patient for the facility fee. **PLEASE DO NOT DEPOSIT THE CHECK.** Endorse the check and forward it with the accompanying explanation of benefits in the pre-paid envelope provided. (Your insurance carrier will inform us that this has occurred). If you do not forward the endorsed check and the explanation of benefits from your insurance carrier, you will be responsible for the bill in FULL.

I agree that CEC and / or our agents may contact me by telephone at any number associated with my account, including wireless telephone numbers which could result in charges to me. I agree that I can be contacted by text messages or emails, using any email addresses I provided. Methods of contact may include using pre-recorded / artificial voice messages and / or use of automatic dialing device, as applicable.

MEDICARE or MILITARY PATIENTS

(This section applies to Medicare, Champus, Tricare – Healthnet Federal and US Family patients)

CEC is participating in the Medicare insurance program. We accept assignment for your facility fee. We also accept assignment on all military insurance listed above. To comply with federal regulations, you will be billed and are responsible for payment of your yearly deductible and any applicable coinsurance amounts. If you provide us with secondary insurance coverage information, we will bill that carrier for any balance before billing you.

AGREEMENT TO PAY

I the undersigned, accept the fee charged as a legal and lawful debt and agree to pay said fee, including any/all collection agency fees, (23.0%), attorney fees and/or court costs, if such be necessary. I waive now and forever my right of exemption under the laws of the constitution of the State of New Jersey or any other State.

ANESTHESIA CHARGES

The centers anesthesia providers, Mobile Anesthesia Service Concepts, LLC or Morris Anesthesia Group will bill separately for their services.

LABORATORY CHARGES

Laboratory services are billed separately through Aurora Pathology (Pathology Solutions), unless you specify a different laboratory per your insurance plan.

I agree to the terms and conditions as noted above.

Signature

Date