SAN FRANCISCO GASTROENTEROLOGY
A proud member of inSite DIGESTIVE HEALTH CARE
Frank J. Farrell, M.D. | Cathleen N. Cabansag, M.D.
2186 Geary Blvd. Ste. 320, San Francisco, CA 94115 p: 415.749.6900 | f: 415.402.0530 | www.sfgimd.com

# Authorization for Use or Disclosure of Protected Health Information

The information may be used/disclosed for each of the following purposes:

- ☑ At my request
- ☑ For payment/insurance
- ☐ For employment purposes
- ☐ Other:_____

I understand that after the custodian of records discloses my protected health information, it may no longer be protected by federal privacy laws.

By signing below I represent and warrant that I have authority to sign this document and authorize the use or disclosure of protected health information and that there are no claims or orders pending or in effect that would prohibit, limit, or otherwise restrict my ability to authorize the use or disclosure of this protected health information.

This authorization is fully understood and is made voluntarily on my part. I release San Francisco Gastroenterology from any legal liability that may arise from the release of information requested.

_____ _____

Signature of patient (or patient's personal representative) | Date

_____ _____

Printed name of patient OR representative | Representative's authority to sign for patient *(i.e parent, guardian, power of attorney for healthcare, executor)*

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# Notice to Our Patients regarding Office Policies

Thank you for your confidence in our practice and we appreciate your continued support. We have implemented an office policy to aid us in your visit to our office and our procedure centers.

**INSURANCE**: While our office can offer some guidance regarding insurance coverage, it is **ultimately your responsibility** to ensure that any tests, procedures, medication and professional referrals are covered by your insurance plan.

**APPOINTMENTS/PROCEDURES:** To allow our office to provide quality care and efficient service, we request that you cancel any appointments that you cannot keep at least 24 hours prior to your scheduled visit. This allows patients who require immediate care to have that appointment time. Failure to notify our office within that time frame will result in a $25.00 missed appointment fee. **Failure to cancel your procedure within 5 business days prior to your procedure date will result in a $250.00 fee.** Please call (415) 749-6900 to cancel appointments or procedures. We understand that situations such as emergencies occasionally arise when an appointment cannot be kept and adequate notice is not possible. These situations will be considered on a case by case basis. If you reach us after normal business hours, please leave a message with our answering service.

**LATE POLICY:** We make every effort to be on time for all our appointments. **Patients arriving more than 10 minutes after their appointment time will be asked to either be seen in a later available timeslot or reschedule their appointment.** We apologize for any inconvenience this might cause.

**PRESCRIPTIONS:** There is a 48 hour (2 business days) turnaround time for all prescription refill requests. If you are traveling or need to refill a prescription prior to the weekend, please call our office ahead of time to allow us to process your request accordingly.

By signing below I agree that I have read and understand the items listed above and agree to all terms and conditions listed in the San Francisco Gastroenterology Office Policy.

Patient Name: _____ Date:_____

Patient Signature: _____

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Dear Patient,

In our effort to best serve you, we ask that you please ***read carefully*** the billing and financial information outlined below.

You *may* be advised to undergo certain endoscopic procedures and investigations for diagnosis, management and the possible treatment of your symptoms or conditions. Most procedures can be safely and effectively performed in our affiliated Endoscopy Centers.

When choosing to schedule your procedure, our staff will assist in obtaining the necessary authorizations and can offer you general guidance regarding insurance coverage; it is **your responsibility** to ensure that any tests, procedures, medication and professional referrals are covered by your insurance plan. As a rule, most large commercial plans cover both upper (EGD) and lower (Colonoscopy) endoscopy. We make every attempt to bill for the services rendered; however, the findings of your procedure may result in up to four (4) separate bills. They are:

1. Gastroenterologist Fee (Physician charge for the procedure).
2. Pathology fee and/or lab fee (including all lab/facility and pathology charges).
3. Facility fee (Including use of the endoscopy suite, recovery, medications, supplies and nursing care).
4. Anesthesiologist fee.

Depending on your coverage, you may also be responsible for co-insurance or co-pay. All co-pays, co-insurance, and deductible payments are due at the time of your visit for procedure. If special arrangements are necessary, please call our office for further assistance.

With the implementation of The Affordable Care Act, some insurance coverage has changed or been discontinued, **we strongly advise that you check with your insurance carrier to avoid any unforeseen financial obligations.**

Should you have additional questions, please contact our office at (415) 749-6900.

Thank you. We are pleased to assist you.

The SFGI Team

☐ I have read the above. _____.
Signature