

# Endoscopy Center of Topeka

Please fill out entire form and sign so we can bill your insurance company.

Account Number: \_\_\_\_\_ Primary/Referring Physician \_\_\_\_\_

Patient's Name: \_\_\_\_\_

Last Name

First Name

Middle Initial

SS#: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ Date of Birth: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ Sex: [ M / F ]

Address: \_\_\_\_\_ Apt. #: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Phone #'s Home: \_\_\_\_\_ Work: \_\_\_\_\_ Cell: \_\_\_\_\_

Patient Employer: \_\_\_\_\_

*If you have more than one insurance company, please present both cards so that we may file with each in order to obtain maximum benefit on your behalf.*

### Primary Insurance

### Secondary Insurance

Insurance: \_\_\_\_\_ Insurance: \_\_\_\_\_

Policy #: \_\_\_\_\_ Policy #: \_\_\_\_\_

Group #: \_\_\_\_\_ Group #: \_\_\_\_\_

Insured's Name: \_\_\_\_\_ Insured's Name: \_\_\_\_\_

Relation to Patient: \_\_\_\_\_ Relation to Patient: \_\_\_\_\_

Insured Date of Birth \_\_\_\_\_ Insured Date of Birth \_\_\_\_\_

### Financial Policy

The total cost for medical services is made up of several fees. The Endoscopy Center's fee and the physician's fee are the two fees always charged. It is possible to have a pathologist's fee. Each fee is billed separately by the provider of the service.

- **THE ENDOSCOPY CENTER'S BILL IS SEPARATE FROM THE PHYSICIAN'S**
- Endoscopy Center of Topeka's fee covers the cost of providing the technicians, nurses, equipment, medication and supplies involved in the performance of your services. Our billing service company is Comp One; please call **Comp One at 785.232.2284** for any questions pertaining to your Endoscopy Center of Topeka bill.
- The physician's professional service fee is for providing the Endoscopy procedure, supervising, interpreting and consulting with you and your referring physician. Your gastroenterologist will bill separately for his/her professional services.
- All biopsies and tissue samples taken during your procedure will be sent to a pathologist. You will be billed separately by the pathologist reviewing the tissue.

**Our billing service will assist in filing your insurance, but you, the patient, are responsible for your medical bill. Authorizations and pre-certifications are the responsibility of your primary physician's office. Any financial concerns should be handled prior to your procedure.**

I authorize the release of any medical or other information acquired in the course of my treatment to my insurance company. Additionally, I authorize all insurance payments to be made directly to the Endoscopy Center of Topeka for all medical care rendered. I understand that I am responsible for any and all balances owing regardless of insurance.

**Patient/Responsible Adult Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

Reviewed Date & Initial \_\_\_\_\_ Reviewed Date & Initial \_\_\_\_\_ Reviewed Date & Initial \_\_\_\_\_

Reviewed Date & Initial \_\_\_\_\_ Reviewed Date & Initial \_\_\_\_\_ Reviewed Date & Initial \_\_\_\_\_