

**Jeffrey Schratz, M. D., FACS    Robert Hodge, M. D., FACS**

**GENERAL, VASCULAR AND LAPAROSCOPIC SURGERY**

160 East Avenue, Lockport, New York 14094

Phone: (716) 434-6141 Fax: (716) 434-0594

**FINANCIAL POLICY**

We are committed to providing you with the best possible care and we are pleased to discuss our professional policies with you at any time. Your clear understanding of our Financial Policy is important to our professional relationship. Please ask any questions about our fees, financial policy or your financial responsibility.

1. **All copays/deductibles are due at time of service. If you do not have your copay/deductible at time of service, you may be asked to reschedule.**
2. **For office visits and procedures, the high deductible deposit will be determined on factors such as the type of procedure, size of the area of concern being treated. This amount will be determined and discussed with you prior to any office procedure being completed and will be collected before the procedure is performed.**
3. **We accept cash, check or credit card. Returned checks will have an additional $25.00 fee. We offer Care Credit to our patients if needed. Please inquire if you need further financial assistance.**
4. **If you reschedule or cancel your procedure or surgery within 48 hours before, you will be charged a fee of $50.00. Please make every effort to keep your scheduled appointment.**
5. **Any account sent to collections, you will be responsible for all collection fees – an additional 33% of the balance owed will be added to all delinquent accounts**

**REGARDING INSURANCE**

If you have insurance, we will help you receive maximum benefits. However, **INSURANCE IS A CONTRACT BETWEEN YOU AND YOUR INSURANCE COMPANY.** It is your responsibilityto know the details and coverage of your plan. If payment is sent directly to you, you are responsible for paying the agreed amount. We will file insurance claims as a courtesy to our patients. We are not responsible for disputing deductibles, copays, or covered/non covered services.

If your insurance carrier/company requires an authorized referral from your primary care provider, it is your responsibility to contact your physician and get the referral prior to scheduling an appointment with this office. *If this office does not have the referral at the time of service, you will be asked to reschedule or payment will be required at the time of service.*

If you have any questions or concerns regarding your coverage, contact your insurance company. They will be able to clarify what your policy includes.

I have read and understand the financial policy and agree to be bound by its terms. I also understand and agree that such terms may be amended from time to time by Great Lakes Surgical Associates.

Responsible Party Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_