

DIGESTIVE DISEASE AND NUTRITION CENTER OF WESTCHESTER, LLP.

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*Practice Limited to
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Thank you for choosing Digestive Disease & Nutrition Center of Westchester. The following information is being provided to assist you in understanding our financial policies and to address the questions most frequently asked by our patients.

Account Responsibility:

You are responsible for all charges incurred on your account. It is also your responsibility to make sure all information on your account is current and accurate. Accounts with incorrect information can cause payment delays, which may result in late fees being applied to your account. Many people are under the impression that it is up to the physician and staff to make sure that all charges are paid or covered by insurance. This is not the case. Please remember that the insurance contract is between you and the insurance company, not the physician. It is your responsibility to know what your contract covers or pays and to communicate this to physicians and staff. Therefore, you are responsible for charges incurred regardless of insurance coverage.

Insurance Billing:

If you have medical insurance, we will be happy to bill your insurance carrier for you. As a courtesy we will also bill any secondary insurance coverage that you may have. Digestive Disease & Nutrition Center of Westchester contracts with many insurance companies, but due to the fact that these companies have many different plans available, it is impossible for us to know if your specific plan is included. You will need to check with your insurance company in advance. Please remember that your insurance may not cover or pay all charges incurred. Any unpaid balance after insurance is patient responsibility.

Co-pays:

All co-pays are due at time of service. Before leaving our office please stop at the billing desk. There is a \$5.00 billing fee assessed if your co-pay is not paid at time of service. This fee will not be waived. It is your responsibility to know if your insurance requires you to pay a co-pay or not.

No Insurance:

If you have no insurance payment in full is expected at time of service, unless payment arrangements have been made prior to your visit.

Late Fees:

All patient balances are to be paid in full within 30 days. This refers to balances after your insurance has paid. If you are unable to pay your balance in full within 30 days please contact the business office to set up a payment plan. A late fee of \$20.00 per month will be assessed on patient balances over 30 days.

Cash Only:

If your account has been turned over to collection it will also be changed to a "cash only" account. This means that all services will need to be paid in full at time of service. A letter will be sent to inform you if your account has been changed to a "cash only" basis.

Dishonored Checks:

A \$25.00 service charge will be assessed on all dishonored checks.

Payment Methods:

The Digestive Disease & Nutrition Center of Westchester accepts cash, personal checks, and the following credit cards; Visa and MasterCard. Payments can be made at the billing desk.