

## **Gulfshore Financial Information**

### **Patient Payment Information**

Our center participates in the Medicare program. Medicare recipients are responsible to pay 20% of the approved Medicare allowance, if not paid by supplemental insurance. Our practice also participates with:

- Aetna PPO
- Blue Cross Blue Shield of Florida
- Community Health Partners PPO Plans
- United Healthcare PPO

We encourage you to call your individual plan to verify participation.

### **Financial Assistance Policy**

If Gulfshore Endoscopy Center believes that you have health insurance and/or HMO coverage(s) that may cover some or all of the services, Gulfshore Endoscopy Center Business Office may initiate contact with them to determine your cost-sharing responsibilities for Gulfshore Endoscopy Center's bill. You may contact them directly as well for additional information concerning your cost-sharing responsibilities. If Gulfshore Endoscopy Center determines that you have cost-sharing responsibilities for Gulfshore Endoscopy Center's bill, in accordance with Gulfshore Endoscopy Center's financial assistance policies, you will be required to pay your cost-sharing responsibilities in full on or before the date that services are provided.

Gulfshore Endoscopy Center's financial assistance policies are that if you are unable to pay your cost-sharing responsibilities in full on or before the date that services are provided, because you believe you are medically indigent or you are not covered by any health insurance or HMO, then upon request Gulfshore Endoscopy Center, in its sole discretion, may offer you a discount on the amount due and/or offer a payment plan. Any such discount is considered by Gulfshore Endoscopy Center to be "charity care." There is no formal application process for obtaining "charity care" at Gulfshore Endoscopy Center's standard collection policy is to produce and send one or more bills to patients for their cost sharing amount.

### **Personalized Estimate of Costs**

Upon your request, and before the provision of non-emergency care at Gulfshore Endoscopy Center, you can receive a estimate of anticipated charges for the treatment of your condition at Gulfshore Endoscopy Center. This estimate must be provided to you within seven (7) days of the request being received by Gulfshore Endoscopy Center. Our Business Office 239-649-1186 will contact your insurer or health maintenance organization regarding your cost-sharing responsibilities.

### **Charity Care**

The center maintains a charity discount policy which provides financial relief to patients who receive medically necessary care and who do not qualify for state or Federal Assistance and are unable to pay the estimated or remaining financial responsibility in part or in full. Any such discount is considered by to be "charity care".

### **Uninsured Discounts**

Patients who are not eligible to receive services paid for by insurance or other third-party payment sources may be eligible to receive an uninsured discount from our facility. This discount is a set percentage off of charges and is subject to change. If a patient's services are subsequently found to be covered by insurance or other third-party payment sources, the uninsured discount may be disallowed.

### **Collection Procedures**

As a courtesy to our patients, we will file an insurance claim on behalf of the patient to his/he insurance plan. A patient is expected to respond to his/her insurance plan's request for information timely, as needed, to minimize processing delays with the claim.

Patients are expected to pay their financial obligations in a timely manner including the estimated portion by the day services are received, and any remaining portion upon finalization of the claim by the payer. Unpaid claims by the payer may result in the account's outstanding balance being fully transferred to the patient for collection.

### **Itemized Bill**

Upon request and after discharge from Gulfshore Endoscopy Center we will provide a statement within 7 working days of your request.

### **Provider Disclosure**

Services may be provided in this health care facility by Gulfshore Endoscopy Center as well as by other health care providers who may separately bill the patient and who may or may not participate with the same health insurers or health maintenance organizations as Gulfshore Endoscopy Center. You may request a more personalized estimate of charges from anesthesiology and pathology service providers by contacting the health care providers directly. Below is contact information for other service providers involved in your care.

#### **Physician Fee**

Gastroenterology Group of Naples, PA  
1064 Goodlette Road North  
Naples, FL 34102  
Billing Office, (239) 649-7879

#### **Anesthesia Services**

Gulfshore Anesthesia Services, LLC  
P.O. Box 111600  
Naples, FL 34108  
Billing Office, (239) 325-2050

#### **Pathology Services**

Naples Pathology Associates  
1110 Pine Ridge Road, Unit #306  
Naples, FL 34108  
(239) 263-1777  
Billing Office, (866) 512-6639

#### **Pathology Services**

Thomas W. Jewell, MD  
1064 Goodlette Road North  
Naples, FL 34102  
Billing Office, (239) 649-7879

Patients may access additional information about our facility on the State of Florida's Ambulatory Surgery Center website at [www.floridahealthfinder.gov](http://www.floridahealthfinder.gov).

Information on payments made to the facility for defined bundles of services and procedures is available at <https://pricing.floridahealthfinder.gov/>. The service bundle information is a non-personalized estimate of costs that may be incurred by the patient for anticipated services, and actual costs will be based on services actually provided to the patient. For additional information, please contact our Centralized Business Office at (239) 649-7879.