

CAPE AND ISLANDS  
ENDOSCOPY CENTER<sup>LLC</sup>



**Financial Responsibility Acknowledgement**

**Cape and Islands Endoscopy Center, LLC**

I understand that I am financially responsible to **The Cape & Islands Endoscopy Center**, for any amount not covered by my insurance. Within 48 hours of the performance of procedure(s) at **The Cape & Islands Endoscopy Center**, a claim will be filed with my insurance carrier. I will be notified only if additional action is necessary to complete the claim (i.e. rejection, further information is needed by the insurance carrier, etc ) If payment by my insurance company is rejected, I accept responsibility for payment to **The Cape & Islands Endoscopy Center**. In the event that my account is placed with an attorney or collection agency, I, the undersigned, am responsible for collection fees, reasonable attorney's fees and court costs.

**Your insurance will be billed separate for services provided by the:**

**Gastroenterologist**

**Anesthesiologist**

**Lab**

**ICON Anesthesia of New England, LLC**

**Anesthesia account patient billing questions – 781-585-9522**

I understand that **ICON Anesthesia of New England** will be providing my anesthesia services for the procedure I am scheduled to receive at **The Cape & Islands Endoscopy Center**. I also understand that **ICON Anesthesia of New England** will prepare and submit a separate bill to my third-party insurance carrier for the professional anesthesia services provided to me at **The Cape & Islands Endoscopy Center**. I further acknowledge that I realize I am financially responsible for payment if in fact my insurance carrier chooses not to cover these anesthesia services. I understand that I will be notified by my insurance carrier when the anesthesia professional fees billed by **ICON Anesthesia of New England** are processed. I also understand, that at that time, should there be a balance due following my insurance carrier's processing, **ICON Anesthesia of New England** will bill me. Please note that effective November 16, 2016, Harvard Pilgrim Health Plan adopted a restrictive anesthesia coverage policy that may impact their coverage of these anesthesia professional fees.

Signed: \_\_\_\_\_ Date: \_\_\_\_\_