

Easy Pay Policy

Thank you for choosing Digestive Disease Consultants/Oakland Digestive Diseases as your health care provider. We are committed to your treatment being a success. Our Staff will work very hard to make sure your paperwork is filed accurately and promptly.

In order to provide you with the highest quality service, while keeping our billing costs low, we have implemented paperless billing through our EASY PAY policy. You will be asked for a credit/debit card number at the time you check in and the information will be held securely through InstaMed until your insurances have paid their portion and notified us of the amount of your share. www.instamed.com. As you know, this is similar to checking into a Hotel or renting a car. At that time, any remaining balance, owed by you, will be charged to your credit/debit card and a copy of the charge will be mailed to you. If your balance is \$500.00 or higher, we will attempt to notify you prior to charging your account.

This is an advantage to you, since you will no longer have to write out and mail us checks. It will be an advantage to us as well, since it will greatly decrease the number of statements that we have to generate and send out. The combination will benefit everyone in helping to keep down the cost of health care.

This in no way will compromise your ability to dispute a charge or question your insurance company's determination of payment.

Copays due at the time of the visit will, of course, still be due at the time of the visit. Deposits are required at the time of scheduling any procedure, which are not cashed until the day of the procedure.

If you have any questions, our Billing Department will be more than happy to give you more information about our EASY PAY policy. Direct billing number is 248 858-3820. You may contact your insurance company by the number on the back of your insurance card.

Mones Takriti MD

Brian Markle MD

EASY PAY Consent Form

I authorize Digestive Disease Consultants/Oakland Digestive Diseases to maintain my credit/debit card on file to cover the patient's responsibility. We will credit/debit the designated account for payment in full upon receipt of the Explanation of Benefits.

I assign my insurance benefits to Digestive Disease Consultants/Oakland Digestive Diseases. I understand that this form is valid for one year unless I cancel the authorization through written notice to Digestive Disease Consultants.

Cardholder Signature _____

Date _____

➤ *Master card*

Visa

Patient Name _____

Cardholder Name _____

Cardholder Address _____

City _____ *State* _____ *Zip* _____

Credit

Debit

Card Number _____ - _____ - _____ - _____

Expiration Date _____ / _____

V Code _____