

Brandywine GI Associates

Frederic A. Meyers, M.D.

Michael A. Waronker, D.O.

Ronald I. Waloff, M.D.

Dawn M. Capaldo, CRNP

Alicia F. Wise, PA-C

Debra T. Wright, CRNP

BRANDYWINE GI ASSOCIATES

FINANCIAL POLICY

Fees are determined by the complexity of the service rendered. Payment of insurance co-pay is mandatory at the time of service either by cash, credit card (VISA, MASTERCARD and DISCOVER) and check (all returned checks are subject to a \$25.00 fee) If your insurance does not provide office visit coverage, then payment is due at the time of service. Payment must be made on any unpaid patient balances before any appointments will be rescheduled. Patients with an HMO INSURANCE ARE RESPONSIBLE FOR OBTAINING A REFERRAL FROM THEIR PRIMARY PHYSICIAN'S OFFICE FOR ALL SERVICES RENDERED AND PRIOR TO SCHEDULED APPOINTMENTS, failure to do so will result in an appointment being rescheduled.

A \$40.00 charge may be applied to your account if an office appointment is missed or cancelled within 48 hours of the appointment.

A \$100.00 charge may be applied to your account if a procedure is missed or canceled within 72 hours of the appointment.

x _____ (initial here)

X _____

Patient Signature/Legal Representative

Date

Print Name and Date of Birth: _____

213 Reeceville Road, Suite 17
Coatesville, PA 19320
610-384-6076

1011 West Baltimore Pk., Suite 210
West Grove, PA 19390
610-869-2224

770 W. Lancaster Avenue
Exton, PA 19341
610-269-5200

Brandywine Valley Endoscopy
Milltown Square, Downingtown
610-269-5440

www.brandywinegi.com