



Integral Gastroenterology Center P.A.  
Venodhar Rao Julapalli, M.D.

We are committed to providing you with the best possible care. If you have medical insurance, we will gladly assist you to receive your maximum allowable benefits. In order to achieve these goals, we need your assistance and your understanding of our policy.

Payments for service are due at time services are rendered unless payment arrangements have been approved in advance by our staff. We accept cash, checks, MasterCard, Visa, Discover and American Express. We will gladly discuss your proposed treatment, and answer any question related to your insurance.

**You must realize, however, that:**

1. Your insurance is a contract between you, your employer and the insurance company. **We are NOT a party to that contract.**
2. If your insurance company requires referrals, vouchers or authorizations, YOU will present these to the receptionist immediately. Failure to do so will make you responsible for full payment once services are rendered.
3. Our fees are generally considered to fall within an acceptable range by most companies (Usual, Customary and Reasonable, UCR). UCR charges are normally covered up to the maximum allowance determined by each carrier, as stated in your individual policy. This statement does not apply to companies who reimburse on an arbitrary fee "schedule" (predetermined), which bears no relationship to the UCR in this area.
4. Some insurance companies arbitrarily select certain services that may not be covered by your plan.
5. We do accept Medicare; however, if you do not hold a supplemental plan, the remaining 20% balance is your responsibility.

We must emphasize that as a medical care provider, **our relationship is with you, not your insurance company.** While the filing of insurance claims is a courtesy that we extend to our patients, all charges are your responsibility from the date the services are rendered. We realize that temporary financial problems may affect timely payment of your account. If such problems do arise, we encourage you to contact us for assistance in the management of your account. If you have any questions about the above information or any uncertainty regarding insurance coverage, PLEASE do not hesitate to ask us. **We are here to help you.**

I understand and agree that, (regardless of my insurance status); I am ultimately responsible for the balance on my account for any professional services rendered. I authorize and assign payment of any medical benefits to Integral Gastroenterology Center, P.A.

I authorize Integral Gastroenterology Center, P.A. to disclose and release medical information to my insurance company(s) for the purpose of securing payment of insurance benefits. I have been informed that my records may contain information which is protected by State and Federal Confidentiality laws. This includes information pertaining to hospitalization and treatment for drug or alcohol abuse, psychiatric treatment, and HIV test results. This consent will remain in effect only until the insurance claim has been settled and may be revoked prior to that time, except to the extent that action has already been taken in reliance upon it.

I, the patient identified below or the patient's legally authorized representative, consent to medical treatment which may be performed by Integral Gastroenterology Center, P.A., including but not limited to diagnostic tests, procedures related to the gastrointestinal tract, x-ray examination and laboratory procedures such as testing of blood or other bodily fluids to determine the presence of any communicable disease such as, to the extent allowed by law, Hepatitis and Human Immunodeficiency Virus (the causative agent of AIDS). I further consent to my/the patient's physician or his/her designees including other practitioners, which may include health care professional in training, performing or administering all tests, services, or treatments indicated as previously described. I understand any invasive procedures will require a separate informed consent form.

Signature

Relationship (if minor)

Date