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No Surprise Billing Act

Congress has passed an act called the “No Surprise Billing Act” to protect patients from receiving surprise medical bills resulting from out-of-network care for emergency services and for certain scheduled services without prior consent. We want to make our patients aware of our commitment to providing the best possible transparency in our billing procedures. Our goal is to provide our patients with excellent medical care while controlling administrative costs. We ask that you read the statement below to understand our billing practices and acknowledge with your signature. Please retain a copy of our cancellation policy for your records (separate).

- All patients must provide accurate and complete personal & insurance information prior to being seen by our providers. All insurance cards must be presented at every visit.
- All applicable co-payments, personal balances both current and prior must be paid when the statement is sent or when contacted by the office.
- We accept cash, check (unless in collection), and credit cards.
- Our practice participates with many health insurance companies. It is your responsibility to check with your insurance regarding Doctor participation and covered services. You are responsible for all needed referrals to our practice if your insurance mandates this.
- A billing statement will be sent to you within 30 days of a response from your insurance. If you are unable to pay in full, please contact us Monday, Tuesday or Thursday of the week. We do offer payment plans.
- Providing we are participating with your insurance, we will accept their payment with the exception of co-insurances, deductibles and co-pays which you are responsible for. All co-pays must be paid at the time of your visit.
- If we are not participating with your insurance, you will be asked to make a payment for any office visit or procedure. We will bill your insurance and if payment is received, you will be reimbursed the difference.
- We offer self-pay prices for those that do not have insurance and we will discuss that with you if a procedure needs to be done, however, please understand that this is only pertaining to our provider fees and not ancillary facilities.
- If a check is returned from the bank, a fee will be added to your account to cover costs.
- Accounts that are past due or not addressed by you after trying to contact you will be referred to our collection agency.
- For any inquiries or concerns, please contact our office at (610) 433-7571.

It is our intention to make billing easier for you and not give you any “surprises.” We will make every attempt to satisfy your questions and help you with your inquiries.

Signature of Patient
(or representative) _____ Date _____