

Dr. Stephen M. Kelly
Conroe Woodlands Gastroenterology
Financial Policies

We are dedicated in providing you with the best possible care and service, and regard your understanding of our financial policies as an essential part of your care and treatment. To assist you, we have the following financial policies.

Payment at time of Service

As a courtesy, we will bill your insurance for all office visits and procedures. We ask that you pay any portion not covered by your insurance due to deductibles, co insurance, or co-payments on the day of service, unless other arrangements have been made. For your convenience we accept, VISA, Discover, MasterCard and American Express

Appointment Policy

Should you have to cancel your office appointment please give 24 hour notice in consideration of other patients, failure to do so will result in a \$25.00 cancellation fee. Should you have to cancel your procedure appointment please give 24 hour notice, failure to do so will result in a \$50.00 cancellation fee.

Insurance Claims

We will submit your insurance claims to your insurance company. However, it is important to remember your insurance is a contract between you and your insurer. Although we file insurance claims as a courtesy to you, you are still responsible for payment of services after your insurance processes all claims.

Balances Due After Insurance Pays

Any remaining balance after your insurance carrier pays is due within 30 days. We attempt to collect these balances at your post procedure visit. You will receive a statement from our office regarding any remaining balance due.

Outstanding Balances

We encourage you to keep your account current. Outstanding balances will need to be cleared before appointments can be made. Account balances past due will be sent to an outside agency for collections. At this point the account is out of our hands. To make appointments after accounts have been sent to an outside agency, you will need to clear your account with the agency. You will be responsible for the full amount of your account balance and any charges incurred with the agency. It is your responsibility to contact our business office if there are special circumstances regarding your account before your account is turned over to an outside agency.

Additional Charges Associated with Your Procedure:

In order to provide a safe and comfortable experience your outpatient procedure requires a team of dedicated professionals. In addition to the professional fee charged by Dr. Kelly, you and/or your insurance carrier will incur charges from the facility, the anesthesia provider, and the pathology company. Please direct any questions regarding their fees for services to the appropriate office at the numbers below. They are not part of our billing services. Therefore, you will need to contact them to make sure they are part of your network and for any other questions regarding estimated amounts, etc.

We are required to inform you in advance that Dr. Kelly has a financial interest in River Oaks Endoscopy Center.

- **River Oaks Endoscopy Center (facility) – 936-494-3636**
- **USM Anesthesia – 936.494.3003**
- **Baylor Pathology – 713.798.7242**
- **Alliance (pathology) --888.427.4144**