

# G.I Liver Group

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## Patient Financial Policy

Our practice is dedicated to providing the best possible care and service to you, including you complete understanding of our office policy regarding payment and insurance.

As a patient it is your responsibility to provide us with all Health Insurance information so that billing may be done properly. If we do not receive the proper information then payment will be your responsibility. Per your insurance carrier deductibles and other non covered services are also your responsibility.

Full payment is due at the time of service if you do not have insurance coverage. Co-payments are required at the time of service or you may be asked to reschedule.

We are happy to accept cash, check, Visa and MasterCard as a payment option

By signing I agree to this financial policy and understand all terms

Signature: \_\_\_\_\_ Date: \_\_\_\_\_