



Privacy Notice

I have reviewed a copy of Knoxville Gastrointestinal Specialist’s, P.C. Notice of Privacy Practices. I understand that this Notice describes how my health information may be used or disclosed by KGIS, P.C. and that I should read it carefully. I consent to KGIS, P.C.’s use of protected health information as described in the notice. I am aware that the Notice may be changed at any time. I may obtain a current copy of the Notice by calling (865) 523-6418 or by requesting one in person at the office. This is also available at www.knoxgi.com.

Signature of Patient or Patient’s Representative

Date

_____(Initial) **INSURANCE** Your insurance policy is a contract between you and your insurance company. It is the patient’s responsibility to provide the office with current insurance information. **Please have your insurance card each time you present to the office.** You are responsible for notifying us of any changes in your insurance coverage. If you fail to do so in a timely manner, you will be responsible for the balance. If you are an uninsured patient, payment in full is expected at the time of service.

_____(Initial) **CO-PAYS/DEDUCTIBLES** Co-payments are due at check-in prior to being seen by the provider. You will also be asked to make a payment on any balance you may have from previous services. Unmet deductibles are the patient’s responsibility prior to services rendered. Any unpaid balances may be sent to a third-party collection agency upon a 90-day period of no payment. There may be other fees associated with the collection account from the third-party collector.

_____(Initial) **MISSED APPOINTMENT AGREEMENT** Should you need to cancel or reschedule an appointment, please contact our office as soon as possible, and no later than 24 hours prior to your scheduled appointment. This gives us time to schedule other patients who may be waiting for an appointment.

Effective October 1, 2023, Appointment and Cancellation Policy details:

- Any established patient who fails to show or cancel/reschedule an appointment and has not contacted our office with at least 24-hour notice will be considered a no show and may be charged a \$25.00 fee.
- If a third no show or cancellation/reschedule without a 24-hour notice should occur, the patient may be discharged from Knoxville Gastrointestinal Specialists.
- Any new patient who fails to show for their initial visit may be rescheduled one time.
- The fee is charged to the patient, not the insurance company, and is due at the time of the patient’s next office visit and/or upon receipt of statement, whichever occurs first.
- As a courtesy, we make reminder calls/texts/emails for appointments. Regardless of whether you received the reminder, the above policy will remain in effect.