

Mountain View Gastroenterology, PC

Notice of Non-Payment of Services

TO OUR PATIENTS:

Your insurance company may **NOT** cover your visit, your laboratory work, or routine screening testing. This notice is to advise you, the Patient, that your insurance company may not pay for all or part of your visit to Mountain View Gastroenterology, PC and that you may receive a bill from this office and/or laboratory for services rendered or a surgical facility.

In the event that your insurance company does not pay for all or part of those services rendered, you need to understand that you will be responsible for any balance due.

Health Insurance Portability & Accountability Act (HIPPA)

Our office is fully committed to compliance with HIPAA guidelines by:

- 1) Providing appropriate security for our patients.
- 2) Protecting the privacy of our patient's records.
- 3) Providing our patients with proper access to their medical records.
- 4) Appropriate maintaining of patients information and billing processes in compliance with HIPAA standards.

Notice of Privacy Practices Acknowledgement

I understand that under the Health Insurance Portability & Accountability Act of 1196 (HIPPA) I have the right to privacy regarding my protected health information. I understand that this information will be used to carry out treatment, payment, and health care operations.

I hereby acknowledge that I have been presented with a copy of Mountain View Gastroenterology's Notice of Privacy Practices containing a more complete description of the uses and disclosures of my protected health information and my individual rights with respect to my protected health information.

Patient Signature: _____ Date: _____