



**DEEP CREEK COLON  
AND RECTAL SURGERY, PC**

255 North Fourth Street  
Oakland, MD 21550  
301-334-8282

[www.deepcreekcolonandrectalsurgery.com](http://www.deepcreekcolonandrectalsurgery.com)

**Lynda S. Dougherty, MD,  
FACS, FASCRS**

## OFFICE VISIT POLICIES

**ARRIVAL TIME AND PAPERWORK:** Please arrive 30 minutes before your scheduled appointment time in order to complete the paperwork necessary for your visit. Updating paperwork is required for every visit to the office, and this will help us keep to scheduled appointment times. You will need to have your insurance card and a government issued photo ID available for every visit.

**SCHEDULING/MISSED APPOINTMENTS:** Missed office appointments are appointments cancelled with less than 24 hours-notice and may incur a \$50 charge. Missed procedures/surgical appointments with less than a 2 day notice of cancellation will incur a \$125.00 charge. Abusive missed appointments may result in your dismissal as a patient. Emergency situations may arise that result in the physician being called away to the operating room. As a result, your appointment may need to be rescheduled. In these situations, you will not be charged a cancellation fee.

**OFFICE PROCEDURES:** It is common for a diagnostic procedure, including an anoscopy or proctoscopy, to be performed as part of your exam to assist us in diagnosing an anorectal medical condition. Your insurance carrier may define them as a “surgery” or “surgical procedure” and you may incur additional charges reflecting their classification of these terms. Additionally, if any biopsy or treatment is performed, there will be an additional charge. In both of these instances you may have additional copayment, co-insurance or deductible fees. We do not control how the insurance company classifies treatment.

**MEDICAL RECORDS:** To obtain copies of your medical records you must sign a Medical Release Form. There is a Charge of \$0.76/page. This charge, as determined by the State of Maryland, must be paid in full before your request can be processed. Please allow up to one week for processing.

**FORMS, LETTERS, REPORTS:** Disability, workman’s compensation, etc. The fee for completion of these items is \$25.00. All fees must be paid in full before the forms can be produced. Please allow at least one week for processing.

**PRESCRIPTIONS:** If for any reason your prescription for medication, CT Scan, MRI, PET scan, etc., needs to be rewritten there will be a \$10.00 charge for a replacement to be called in or faxed to a pharmacy or radiologist, or mailed to you.

**FINANCIAL RESPONSIBILITY:** Please note, because the insurance policy is an agreement between the insured and the insurance company, we expect all patients or their guardian to be fully responsible for knowledge of your insurance benefits, as well as fully and directly responsible for all charges regardless of insurance coverage. Please be assured that we will do everything possible to see that you receive your full benefits in a timely manner. If your insurance company has not paid their portion of your bill within 60 days, you will be responsible for full payment at that time.



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**OUTSTANDING BILLS AND COLLECTIONS:** There will be a 5% late fee for balances not paid when due (within 30 days of the first statement date) unless other arrangements have been made. In addition, in the event your account becomes past due (over 90 days) and arrangements for payment have not been made, your account may be sent to a collection agency for further action. Also be aware that you will be responsible for all costs of collection including agency fees, court cost and/or attorney fees.

**INSURANCE: CO-PAY, DEDUCTIBLE AND COINSURANCE:** Where we have a participating agreement with your insurance company, we will expect your estimated co-payment and/or co-insurance at the time of treatment. We may also request that you pay any outstanding deductible. Contracts with insurance companies expressly prohibit the waiver of these fees under any circumstances. If we do not participate with your insurance company, as a courtesy we will submit your claim for you, however, you will be responsible for all charges not covered by insurance.

**SELF PAYING PATIENTS (NO INSURANCE):** If you do not have insurance then a \$100 payment is required at the time your appointment is scheduled. Payment of any remaining balance is then due at the time service is rendered. Payment in full at the time of service will receive a 40% discount off the DCCRS fee schedule. Should you need to make alternate payment arrangements the DCCRS business office will discuss with you the available options.

**RETURNED CHECK FEE:** You will be assessed a \$35.00 Returned Check Fee for insufficient funds or closed accounts.