



The Webster Wellness Complex, L.L.C.
Joseph L. Webster Sr., M.D., P.A.
Internist-Gastroenterologist
Phone: 850-878-0471 Fax: 850-942-5733

Pre-Payment Policy For Outpatient Procedures

Dear Patient,

You are scheduled for an elective outpatient procedure. We have verified your current Insurance and require you to prepay any deductible, co-pay, or co-insurance 1 week prior to the procedure. To retain your scheduled procedure, we request that payment is made through one of the following options:

Credit Card-We Accept: Visa/MasterCard over the phone or by mail

Cash: Please Pay in person at our office

Personal Check/Money Order: May be mailed to 2048 Centre Pointe Lane, Tallahassee, FL 32308

(Note: checks need to be made out to doctor "**Webster Wellness Complex**")

If you have a copayment or deductible you should receive a pre-payment ESTIMATE. Your final bill could be more or less once the claim is processed by your insurance plan. If the pre-pay and the actual processing of our Insurance claim results in an overpayment on your account balance, you will receive a refund from our office. All account balances remaining after Insurance has processed, are to be paid within 30 days of first billing statement.

We ask that you contact your insurance to verify your benefits. We will not be held responsible for benefits quoted incorrectly.

Pathology Charges: Pathology is an unforeseen charge due to possible biopsies that could occur if an abnormality is found. We will bill pathology separately and any balances will be billed to you.

Note: If time permits you will receive your prepayment ESTIMATE via postal service mailing. Otherwise you will need to contact the Business Office and arrange payment before your scheduled appointment. Business Office Phone: 850-878-0472; extension 246.