

PAYMENT POLICY

Thank you for choosing us as your healthcare provider. We feel strongly that all patients deserve the very best medical care we can provide. Everyone benefits when financial arrangements are agreed upon in advance, so we have prepared this material to acquaint you with our policy. If you have any questions, please be sure to ask BEFORE you sign this document.

Payment of all co pays, deductibles, coinsurance, and any other amount not covered by insurance is due at the time of service.

Patients without insurance coverage

Payment in full is expected at the time of service. If charges exceed \$100, the Practice may agree to accept a 50% down payment at the time of service and set up a monthly payment plan for the balance due.

Patients with commercial insurance coverage

IMPORTANT: Please understand that our professional services are rendered to you, not to the insurance company. Your insurance plan is a contract between you and the insurer or between the insurer and the employer who chose the group coverage. We are NOT a party to that contract. Therefore, payment for treatment is ultimately your responsibility, regardless of insurance coverage. **Please present your insurance card(s) at each visit.**

If you are covered by an insurance plan this practice participates with:

1. **We will collect the co pay /or deductible/coinsurance at the time of service.** Deductibles and coinsurance will be calculated on the **discounted fee** for that carrier.
2. We will file a claim on your behalf for the services rendered, excluding any non-covered items or services.
3. Any amount denied or not paid by your insurance after 60 days becomes your responsibility.
4. Since we are not a party to your insurance contract, **you** are responsible for contacting your insurance carrier to settle any disputes regarding claim denials. Our billing department will be glad to help you with any questions you may have about a denied claim.

If you are covered by an insurance plan this practice does NOT participate with:

1. You are responsible for **full payment** at the time of service, as your insurance plan does not have to accept an assignment of benefits to this practice. In

other words, your insurance plan will not pay us- they will pay **you** directly for any benefits due under your plan. We will provide you with an itemized bill for services so you may bill your insurance carrier.

Workers Compensation Claims

If you are being seen for a work-related injury:

1. The Practice will bill the employer's worker's compensation carrier directly. By law, we must bill the worker's compensation carrier first, regardless of whether or not the patient is covered by another insurance policy.
2. In order for us to bill the worker's compensation carrier, you must provide a first report of injury (obtained from the employer) and the full name and address of the employer's worker's compensation carrier.
3. You will be asked to provide proof of health insurance information as a back-up, in case the worker's compensation carrier denies the claim. In that case, we will file the claim with your regular health plan. If you choose not to provide that information, you may be responsible for any amount not covered by worker's compensation.

Medicaid patients

Please present current proof of coverage at each visit so that we may bill Medicaid directly for services. If we are unable to verify current eligibility, you will be responsible for payment in full at the time of service.

Patients with secondary insurance

If you have more than one insurance plan covering health care services, **federal laws determine which plan pays first and which plan pays second. Neither you nor we can choose which plan will pay first.** We will file first with the plan the law determines is primary; after their payment, we will file with your secondary insurance.

Missed Appointments

If you are unable to keep an appointment with our Practice, please notify us within 24 hours of your appointment. Failure to do so may result in a \$40.00 charge to your account. All missed appointment fees must be paid prior to your next visit.

Returned Checks

There will be a \$30.00 charge for all checks returned by the bank for non-payment. As of 09/15/08 we will no longer accept personal checks. We accept cash, major credit cards and debit cards.

I HAVE READ AND UNDERSTAND THE PAYMENT POLICY OF THIS OFFICE AND AGREE TO ABIDE BY THIS POLICY.

Patient _____ Date _____

