

## Financial Policy

We **THANK-YOU** for allowing us to be a part of your healthcare team. The key to any successful relationship, including the doctor-patient relationship, is clear and open communication in all matters. To this end, we encourage you to read the following Financial Policy as well as the Notice of Privacy Practices and the General Practice Policies. As always, if you have any questions, *please do not hesitate to ask us.*

**Patient Identification:** You will be asked to provide us with a government issued photo ID at the time of check-in. This is *vital* important to patient safety as it helps us to ensure that we have correctly identified each and every patient and that we have correctly matched them with their medical records. PLEASE make sure that you bring your government issued Photo ID *every time* you visit the office. If you grant us permission, we can upload your passport-sized photo into our medical records system. However, you are **not** required to grant us this permission. We will also ask that you provide us with the last four digits of your social security number. We use the last four digits of your social security number as a patient identifier along with your system-generated medical record number and your birthdate to absolutely ensure correct patient identification. (This is especially important when several patients have the same last name and are of a similar age.)

**Insurance Information:** You will be asked to show us your insurance card at *every* visit. We will scan a copy of your card into our medical record system the first time you visit and whenever you are issued a new insurance card. PLEASE keep us informed of ANY changes to your insurance information as soon as you become aware of these changes. This will help us to accurately bill for your healthcare services, to inform you of changes in the coverage for future scheduled visits and may also help to decrease the chance that you will be liable for out of pocket expenses. Failure to provide us with up to date and accurate insurance information in a *timely* manner will result in a conversion to a “self pay” financial status and the entire balance on the account will be billed directly to the patient.

**Assignment of Benefits:** As a convenience to you, we will bill your insurance carrier for services provided to you by this practice. At the time of registration, you will be asked to sign forms which grants us permission to release your protected health information for the purposes of billing your insurance carrier. Your signature will also direct your insurance carrier to pay us **directly** for the services provided.

**Co-Pays:** We are required by your insurance carrier to collect the **entire** co-pay amount at the time that you are seen. *Copays cannot be waived nor can they be billed under any circumstances.* If you are not prepared to pay your co-payment, then you will be asked to reschedule your appointment. Missed appointment fees may apply. Please note that we **do** accept credit card payments as well as cash and personal checks.

**Deductibles and Co-Insurance:** The amount of your deductible and your co-insurance (as well as your co-pay amount) are determined by the contract between you and your insurance carrier. As such, we cannot reduce or modify these. You should contact your insurance carrier (or visit your insurance carrier’s online site) in advance of your visit to determine if you will have any out of pocket expenses related to your visit.

### Financial Policy (cont.)

**Referrals and Pre-Authorization:** If your insurance carrier requires that you obtain a referral prior to seeing a specialist or if they require pre-authorization prior to certain types of diagnostic testing, it is the patient's responsibility to obtain these prior to your visit or your test. We will make every reasonable effort to determine if such a referral or pre-authorization is required but ultimately it is the patient's responsibility to be aware of their medical insurance policy requirements. Failure to obtain these may result in the patient not being seen and/or not being able to have a given test performed. The patient may also be financially responsible for services not covered by their insurance carrier.

**"Self-Pay" Patients and Out of Pocket Expenses:** We understand that healthcare costs are rising for everyone. Many insurance policies have high deductibles / co-insurance amounts that result in significant out of pocket expenses which place heavy burdens on families. As your healthcare advocate, we are willing to work with you to find solutions to these issues. In some cases, we *may* be able to develop a reasonable payment plan. However, in most cases, full payment for non-covered services is due when services are rendered or within one to two billing cycles. Please discuss any concerns that you may have with us as soon as possible so that we may work together towards a solution.

**Non-Use of Insurance:** very rarely, a patient will ask us not to share their Protected Health Information with their insurance carrier. In this case, we are not able to bill the insurance carrier and the entire bill for services becomes due and payable at the time that services are rendered.

**Returned Checks:** The charge for a returned check is \$ 35. This charge will be added to your account balance. We do reserve the right to refuse future payment by checks.

**Billing:** A reasonable attempt will be made to collect payment for services from your insurance carrier. Allowable Fees for services **not** covered by your insurance carrier will be billed to the patient on a monthly basis. Failure to pay the entire balance within 90 days will result in the addition of a 1.5% Finance Charge (18% per annum) to the unpaid balance.

**Collections:** Failure to pay the account balance within 3 billing cycles will generally result in the account being referred to collections which may have adverse effects on your credit. *Please contact us early if you are having financial hardship such that we may work with you to develop a reasonable payment plan.*

**Medical Records Copy:** In most cases, there will be a **cost-based fee** for the copying of your medical records. In cases where your insurance carrier provides coverage and / or guidance on the allowable charges for this service, we will accept their payment for medical records copying as payment in full.

**Minors:** in the rare event that we participate in the care of a minor, the parent / guardian who signs the consent for treatment of the minor will be financially responsible for all professional fees associated with their care.

**Financial Policy (cont..)**

I have read the Financial Policy and all of my questions about the policy have been answered. My signature below indicates that I agree to abide by all terms.

\_\_\_\_\_  
Patient's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Responsible Party Signature (if not Patient)

\_\_\_\_\_  
Date