

Financial Policy 5-10 Adult

Patients are responsible to provide current information for billing and insurance and notify the business office of any changes in a timely manner. Patients that do not have a current insurance card or verifiable insurance will be requested to pay at time of service. Insurance cards are requested at each appointment to ensure that we have current information to file your charges. Picture identification is requested from you to safe guard against the possibility of lost or stolen identification.

Statements are due in full each month by the statement due date. If you are unable to pay the balance by this date, please contact the billing department before the due date to set up satisfactory payment arrangements. Our providers would like to devote your appointment time to your medical care and request that you direct billing and payment matters to the billing department. \$35.00 will be billed for all return checks. Delinquent accounts may be referred to an outside agency. In addition, the outside agency reports to Equifax, Experian and Trans Union credit bureau. Once reported, this information becomes part of your credit history. Patients that have outstanding bills may be asked for payment and or arrangements prior to scheduling appointments for non emergencies and prescription refills. Patients with unpaid accounts may be dismissed from our practice and asked to obtain medical care elsewhere.

Some lab work obtained at our office is sent to an independent outside lab and you may receive a bill directly from the lab depending on your insurance plan.

We will file your charges to your health insurance(s) as a courtesy and in return will ask that insurance payments come directly to us. Insurance is a contract between you and your insurance company. You are responsible for all charges incurred, including co pays (due at time of service), deductibles and fees for non-covered services. We may ask you to pay amounts that are your responsibility at time of your appointment. We will assist you in obtaining pre-certification or admission authorizations, but you are ultimately responsible for complying with insurance requirements. Insurance coverage varies by plan and company; therefore our staff is unable to be familiar with everyone's coverage. If you are unsure about your coverage, out of pocket costs and policy limits, please contact your insurance company.

When you provide your insurance information, you authorize release of any and all medical and or charge information necessary for reimbursement from any governmental agency or insurance payer involved in the payment of your treatment.

If a member of the staff becomes directly exposed to your blood or bodily fluids, patients will be required to provide a sample for testing according to state regulations. Results of those test will be released to you and to the health care workers(s) who suffered the exposure.

Name

Date