



PATIENT FINANCIAL POLICY

PAYMENT RESPONSIBILITY - The patient or legal representative is ultimately responsible for all charges incurred.

NON-DISCRIMINATION OF SERVICES - Necessary medical services will be provided regardless of the patient's ability to pay.

PARTIAL INSURANCE COVERAGE - Patients with insurance policies that cover only a portion of treatment must pay their deductibles, co-pays, and or co-insurance amounts that may be due between the contracted allowed amounts and the anticipated insurance payment. This payment may be requested and is due at the time of service. A pre-treatment deposit may be required. Any patient that has joined a Medicare HMO must notify Medicare and our office prior to any service being rendered; otherwise they will be responsible for all charges incurred.

UNINSURED PATIENTS/NON-COVERED SERVICES - Payment for all charges which are not covered by insurance are due and payable at the time of service. A pre-treatment deposit may be required.

VERIFICATION OF INFORMATION - All information given regarding the ability to pay, third party insurance, employment, etc., will be subject to verification.

UNPAID INSURANCE BALANCES - Patients may be requested to make full payment of unpaid balances when insurance payments are not received after 60-days from date of billing.

THIRD PARTY LITIGATION - The physician will not become involved in disputes arising from third party claims (i.e., automobile accidents, liability claims, etc.) with the exception of claims involving Medicare and Medicaid.

PRIOR UNPAID ACCOUNTS - Prior to providing services, payment of prior outstanding accounts may be requested and should be received or specific payment arrangements approved by the Patient Finance Department.

DELINQUENT OR BAD DEBT ACCOUNTS - Patients with unpaid delinquent accounts or accounts which have been written off to bad debt may be denied treatment if not medically required.

PAYMENT ARRANGEMENTS - If a patient is unable to make full payment of the patient balance when due, periodic, partial payments may be approved in accordance with credit and collections procedures, as authorized by the physician or his designee. A patient financial evaluation may be requested to determine appropriate payment arrangements.

PATIENT FINANCIAL POLICY CONT.

PAYMENT METHODS – The following payment methods will be accepted: Cash, Personal Check (upon approval), Cashier Check, Money Order, Visa, MasterCard, American Express, Discover, CareCredit.

OUTSIDE COLLECTIONS – Accounts which cannot be collected by the physician after normal in-house collection procedures may be referred to a magistrate or attorney for further collection action in accordance with the physician's established guidelines.

DISCOUNTS – Accounts will not be reduced or discounted unless approved by the physician or delegated representative.

CHARITY ALLOWANCES – If a patient is determined to be financially indigent, the Patient Finance Department will assist the patient in qualifying for financial assistance. All charity allowances must be approved by the physician or delegated representative.

REFUNDS – Overpayments will be refunded to the appropriate party in the form of a check. Patient refunds will not be processed until all active or past due balances are paid in full. Refunds of less than \$15.00 will not be issued unless specifically requested.

I have read and understood this financial policy and have received a copy as well.

Patient _____ Date _____

Witness _____ Date _____