

FINANCIAL POLICY AND PAYMENT AGREEMENT

Revised: November 3, 2013

Thank you for choosing our practice! First and foremost we are committed to the success of your medical treatment and plan of care. Please understand that payment of your bill is part of this treatment and care. Please read below to help understand our financial payment policy.

OFFICE VISITS & OFFICE SERVICES: Patient's health insurance plans state that payments including copays, co-insurance, and deductibles are to be collected for office visits at the time of service. If you have a copay, co-insurance payment, or deductible, you are expected to pay for anticipated services prior to receiving service.

SELF-PAY PATIENTS: Self-pay patients are expected to pay for anticipated services prior to receiving service. Self-pay patients will receive a 20% discount for services paid at the time of service.

ADDITIONAL SERVICES: Payment for services received in addition to the anticipated services paid is also expected at the time of service. Patients are expected to pay for additional services during check-out including additional copays and deductibles not collected prior to receiving service. Self-pay patients will receive a 20% discount for additional services paid at the time of service.

INSURANCE: As a courtesy, we will file your insurance claim form for reimbursement. However, in order to do this, we must have current insurance information for each visit. Patients who do NOT provide current insurance information will be treated as self-pay patients (see above). In the event your insurance company determines a service to be "not covered", you will be responsible for payment. We will try to inform patients when services may not be covered; however, it is the patient's responsibility to understand their health insurance limitations.

RESPONSIBLE PARTIES OF CHILDREN: A parent, designated family member, or legal guardian is responsible for payment for services rendered to children. The responsibility for payment of services rendered to dependent children whose parents are divorced rests with the parent seeking treatment. Any court ordered responsibility judgment must be determined between the individuals involved and cannot be considered by the office.

WORKER'S COMPENSATION: If our office has received your claim information and authorization, no payment is necessary at the time of service and we will bill for Worker's Compensation services. If claim information and/or authorization has not been received, payment in full is requested at the time of service. In order to file a claim, you will need the name of your insurance carrier, the date of your injury, your case worker's name and phone number, and your claim number. Be sure to notify the registration desk at each appointment if your visit is due to an injury covered by worker's compensation.

AUTHORIZATIONS/REFERRALS: If you have a plan that requires a referral or authorization you are responsible to have your primary care physician send a referral to our office. We will need to receive the authorization before you see the physician. If you have not

received an authorization prior to your arrival at our office, you may call your primary care physician or insurance company to get the required authorization. If you are unable to obtain the authorization, you can sign a medical waiver and pay us directly for the services we provide you, and we will refund you when we receive the proper authorization for those services.

PATIENT CANCELLATION AGREEMENT: Twenty-four (24) hour notice is required for all patients cancelling or rescheduling office visits, new patient appointments, and consults. If our office does not receive twenty-four hour notice, you may be charged a \$25.00 missed appointment fee. This policy also applies to no-show visits.

SURGERY: Surgical procedures may require a deposit, including deductibles, co-payments and coinsurance. Payment of these amounts may be required before the procedure is performed.

RETURNED CHECK: A \$25.00 service charge will be applied to your account for any returned check. If a check is returned, we will only accept cash or a credit card as payment on your account.

MEDICAL IDENTIFY THEFT PROTECTION: In February 2009 Federal Trade Commission's Identity Theft Prevention Red Flags Rule was enacted. Medical offices are mandated to confirm the patient's identity and validated medical insurance coverage to ensure the identity theft has not occurred. To safeguard your identity we will make a copy of your valid picture ID issued by local, state, or federal government and a copy of your current insurance card to confirm your identity.

PATIENT RESPONSIBILITY: Our practice is committed to providing the best treatment for our patients. Patients are responsible for all charges resulting from treatment provided by their physician. As a service to you, we will bill most insurance carriers directly. However, primary responsibility for your account is yours. Providing correct insurance billing information is the responsibility of the patient. If your insurance changes, please present your insurance card at your next visit. All patients must complete our patient registration form before seeing the doctor.

ACCOUNT PAYMENT: The portion that insurance will not pay is due at the time of service. Any copays, co-insurance amounts, and deductibles, if required by your plan are due at the time of each visit. We accept Cash, Check, Master Card, VISA, and Discover. Insurances do not guarantee payment. If there is a balance due after insurance pays, payment is due within 15 days of the first billing. Accounts over 60 days may be reassigned to an outside collection agency and assessed a processing fee.

REFUNDS: Refunds are processed at the end of the month. Refunds will not be issued if

- Your account shows a current balance
- The insurance company is requesting monies returned or there is a discrepancy in their payments to us
- There is a question as to the status/eligibility of your insurance coverage
- You have made a deposit and are still seeking treatment
- Until our office receives payment from your