

Effective as of  
December 1, 2014



## **Financial Policy**



### **Due to changes in healthcare, please review the updated policy of Heights Medical**

Thank you for choosing Heights Medical Associates. We are committed to providing you quality and affordable health care, and look forward to a lasting physician-patient relationship. As part of this relationship, we wish to establish joint expectations of your financial responsibility as outlined in this Financial Policy. Please review, ask any questions, and sign the following financial policy. A copy will be provided upon request.

1. **Insurance.** We accept assignment and participate in Medicare. We participate in most plans but not all. If you are not insured by an insurance carrier we participate with, payment in full is expected at each visit. If you are insured by a plan we do business with but don't have an up-to-date insurance card, payment in full for each visit is required until we can verify your coverage. Knowing your insurance benefits is your responsibility; however, we will help you to the fullest extent of our ability. Your insurance company is the final arbiter of your coverage.
2. **Co-payments and deductibles.** All co-payments and deductibles must be paid prior to the time of service. There are NO exceptions. This arrangement is part of your contract with your insurance company. We accept cash, American Express, Discover, Visa, MasterCard and in-state checks.
3. **Non-covered services.** Please be aware that some - and perhaps all - of the services you receive may be non-covered or not considered reasonable or necessary by Medicare or other insurers. You must pay for these services in full at the time of visit. A fee schedule is available for your review.
4. **Proof of insurance.** For privacy protection, all patients must complete our patient information forms with documentation with a copy of driver's license and proof of insurance prior to seeing the provider. If you fail to provide us with the correct insurance information in a timely manner, you may be responsible for the balance of a claim. Most insurance companies have time filing restrictions; if a claim is not received within 30 days of the date of service, it can be rendered ineligible for payment and you will be responsible for the balance that remains.
5. **Claims submission.** We will submit your claims and assist you in any way we reasonably can to help get your claims paid. Your insurance company may need you to supply certain information directly. It is your responsibility to comply with their request. Please be aware that the balance of your claim is your responsibility whether or not your insurance company pays your claim. Your insurance benefit is a contract between you and your insurance company; we are not party to that contract.

6. **Coverage changes.** If your insurance changes, please notify us before your next visit so we can make the appropriate changes to help you receive your maximum benefits. If your insurance company does not pay your claim in 45 days, the balance will automatically be billed to you.
7. **Credit and Collection.** If your account is over 90 days past due, you will receive a letter stating that you have 10 days to pay your account in full. Partial payments will not be accepted unless otherwise negotiated. Please be aware that if a balance remains unpaid, we may refer your account to a collection agency and all necessary efforts for collection will be pursued. If a decision is made to discharge you from the practice, you will be notified by certified mail that you have 30 days to find an alternative practice for medical care. During that 30-day period, our physician will only be able to treat you on an emergency basis.
8. **Prompt Payment:** Just as we will make every effort to accommodate you when you are in need of medical care, we expect that you will make every effort to pay your bill promptly. If you have a financial hardship or if you are unable to pay your bill in its entirety; please contact our billing office to discuss payment options.
9. **Form Completion:** There will be a fee for any form completion other than state disability. There is an enormous cost to the practice in filling out forms such as FMLA, sick leave, AFLAC, and disability forms among others. The fee will range from \$10.00 - \$30.00 depending on the complexity of the form and must be paid in advance.
10. **Missed Appointments.** We will make every effort to accommodate your scheduling needs. In return, we ask that you help us by keeping your scheduled appointments, arriving on time and notifying us a minimum of twenty-four (24) hours in advance if you are unable to do so. When we receive advanced notice of cancellation, we are able to avoid lost revenue and misspent employee time, which keeps our overhead down and our fees reasonable. More importantly, we are unable to accommodate other patients needing care.
11. **Uninsured Patients.** Please see our separate policy.

Our practice is committed to providing the best medical care to our patients.

Thank you for reading and understanding our financial and payment policy. After signing, please request a copy for your records.

Your signature reflects that you have read and understand the policy.

\_\_\_\_\_  
Name (please Print)

\_\_\_\_\_  
Signature

Date: \_\_\_\_\_