

FINANCIAL POLICY

Your understanding of our financial policy is an essential element of your care and treatment. If you have any questions, please discuss them with our billing specialists.

Regarding insurance: Our office participates with Medicare, Medicaid and many commercial insurance companies. Should your insurance coverage be with one or more of these companies, we will bill your insurance company in accordance with the guidelines of our provider contact. Co-payments, co-insurance, deductibles, non-covered services and medical supplies are the responsibility of the patient or legal guardian. You will be asked to pay for non-covered items and services the day of your visit. Workers' compensation and/or accident claims must be verified with your employer or the Third-Party insurance provider such as Workman's compensation insurance provider or Auto insurance company before your date of service. It is your responsibility to confirm with your insurance company to ensure that our facilities and physicians are in network with your insurance policy. It is also your responsibility to confirm what your policy benefits are for services provided. If we are not in network and you would still like to be seen at one of our facilities, you will be considered self-pay. It is your responsibility to pay for any charges you incur that your insurance does not cover. Being seen by one of the providers in our office does not assume or confirm insurance benefits for services rendered.

Co-Pays: All co-payments are due at the time of service without exception. If you do not have your co-payment you may be asked to reschedule your appointment for a later date.

Financial Responsibility as of January 1, 2021- Deposit for Services Policy: As requested by the patient all services will be billed to the patient's insurance and if...

- New patients who have not met their annual deductible will be required to put down a service deposit of \$150 in addition to their contracted co-pay obligation
- Existing patients who have not met their annual deductible will be required to put down a service deposit of \$75 in addition to their contracted co-pay obligation
- Procedure deposit transparency - If your treatment requires a procedure and the annual deductible has not been met you will be asked to put a deposit for procedure down on the day of the procedure

Uninsured patients: If you are uninsured, our billing office will attempt to provide a free estimate of expected charges based on the anticipated services. We require all uninsured patients to provide a \$300 deposit prior to receiving services. This can be paid in cash, debit card or credit card. Final charges will be determined by your provider at the completion of your visit. If the charges are less than the deposit, you will receive an immediate refund. If the charges exceed \$300, payment is required at that time.

Referral: You are responsible for obtaining any necessary referral if required by your insurance company. If a referral is not obtained and is necessary, you are responsible for full payment.

Fee Schedule:

- Returned check fee is \$40.00
- Paperwork fee is: \$6.00- for patient request, \$50.00 for third-party request
- No show fee is \$40.
- FMLA/Short Term Disability Administration fee is \$25. We have up to 7 business days to complete this paperwork.

If you have any questions regarding our financial policy, please contact our billing department at

402-391-7575 Option 5