

## **Co-Pays**

The patient is expected to present the insurance card at each visit. All co-payments and past due balances are due and payable at the time of service.

## **Self-Pay Accounts**

Self-pay accounts are patients who are covered by carriers that the practice does not participate in, patients without an insurance card on file or at the time of service or patients who have not met their deductible. It is expected that payment is required at the time of service for all services including procedures.

## **Extended Payment Arrangements**

For procedures exceeding \$250.00: 75% of the total fee from an office visit is to be paid at the time of service or 75% of the total fee for a surgical procedure is to be paid prior to the procedure. The remaining balance is to be paid over the next three months in equal monthly payments due by the 15th of every month. Accounts of patients who fail to make a monthly payment will be sent to a collection agency.

## **Non-Participating Insurance Accounts**

The financial obligations of patients who are insured by carriers that the practice does not participate with are considered Self-pay Accounts. The insurance company will be billed as a non-assigned claim, as a courtesy to the patient. The insurance company will reimburse the patient on non-assigned claims. If payment is received for a non-assigned claim, the patient will receive a refund.

## **Automobile Accident Cases**

The patient will be treated as a self-pay account unless a subrogation agreement is provided for their health insurance. If a subrogation agreement is provided and the physician participates with insurance carrier, their health insurance will be billed. If an attorney is involved in the case, a Letter of Protection will be obtained whether an insurance carrier is involved or not.

## **Checks Received "Paid in Full"**

The balance on the patient statement does not reflect charges pending with insurance carriers. Therefore, it is the policy of this practice not to accept checks marked "Paid in Full".

## **Patient Refunds**

The following criteria must be met prior to issuing a patient refund: the patient has not been seen in the office for 90 days; there are no outstanding insurance claims on the patient's account; there are no outstanding patient balances on the family account.

**Divorce Cases**

In cases of divorce, the individual who receives the care is responsible for payment of co-pays, co-insurance and non-participating insurance balances at the time of service. We will not bill a divorced spouse for the patient's services.

**Child Custody Cases**

The parent with primary custody is usually the parent with whom the child lives and who usually brings the child to the office for care. Therefore, the parent with custody is also responsible for payment at the time of service whether the account is considered self-pay, participating insurance or non-participating insurance. If the non-custodial parent carries the insurance on the child, we will bill that insurance company. We do not get involved with specifics of the divorce, such as, one parent pays 80% and the other pays 20%. It is the obligation of the parents to work out this agreement among themselves or with the court system.

**Referrals**

If your insurance has designated a primary care physician (PCP), you are required to have prior authorization from your PCP prior to your office visit. If this authorization is not provided, you will be asked to either reschedule your appointment or pay for your visit at the time of service.

It is our hope that the above financial policy will allow us to provide quality care to our valued patients. If you have any questions or need clarification of any of the above policies, please do not hesitate to contact our business office at (423) 279-1406.

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Patient Signature / Date