

Read through this information carefully

Thank you for choosing our practice! We believe that establishing a written financial policy is mutually beneficial for all parties. It is our goal to avoid any miscommunication or concerns regarding financial matters in order to focus our energies on providing healthcare services to our patients. We will gladly discuss your proposed treatment and do our best to answer any questions relating to your insurance.

FINANCIAL AGREEMENT

- **Insurance:** Health Insurance cards must be given to the Receptionist at time of service. We participate in most insurance plans, each plan has different benefits and financial obligations. Not all insurance policies cover all services. Non-insured patients are required to pay according to the self-pay fee schedule at the time of service. If you are insured by a plan we are contracted with but don't have an up-to-date insurance card, \$100 is due for each visit until you can verify your coverage. Knowing your insurance benefits is your responsibility. Please contact your insurance company with any questions you may have regarding your coverage. Your insurance is a contract between you, your employer, and the insurance company. We are not party to that contract. **To enable our office to file your insurance, you must provide accurate information at each visit.**
- **Non-covered services.** Please be aware that some of the services you receive may be non-covered or not considered reasonable by Medicare or other insurers. Some insurance companies arbitrarily select certain services they will not cover (i.e., x-rays, labs, hearing tests, Epley maneuver, elective procedures, and pre-existing conditions). You will be responsible for the full charges of these services.
- **Co-Pay, Co-Insurance, Deductibles and Balance on Account:** **Payment is expected at time of service for co-pays, co-insurance and deductibles that have not been met and any balances due.** You can locate your co-pay on your insurance card or call your insurance company to find out what your co-pay, co-insurance and deductible for a specialist will be. We recommend calling and verifying your benefits with your insurance company prior to coming to your appointment. We will be asking for your portion to be paid at the time of your appointment.
- **High Deductible Health Plans (HDHP):** is a health insurance plan that has a high minimum deductible, which does not cover the initial costs or all of the costs of medical expenses. The deductible requires the patient to pay the first portion of a medical expense before the insurance coverage kicks in. **Patients that have a high deductible health plan of \$1000.00 or more will need to be prepared to pay for their office visit and any testing done during their visit before they leave the office.** You may visit with our billing office about payment plans if needed.
- **Self-Pay Patients:** Self pay patients are patients that have no insurance, do not have a copy of their insurance card with them at the time of service or have an insurance that we are not in network with. We will do a courtesy filing to your insurance and once we hear back we will submit a refund to you if it applies. Patients are required to bring a deposit of \$100.00 for each visit and pay the remaining difference, if applicable, after their visit with the physician. See Office Procedures and Billing enclosure for some items that are an additional cost.
- **College Students:** if you have United Health Care student insurance you may have some "policy exclusions" depending on what you are coming into the office for. Please call your insurance company to find out if your visit will be covered.
- **HMO Insurance:** (health maintenance organization) **We are NOT in network with HMO Insurances.** It is your responsibility to have your PCP send a referral/authorization request to your insurance company prior to your appointment. If the authorization is not obtained, the appointment will be cancelled or you will be responsible for the full cost of the visit.
- **Surgery and Procedures:** Our office **estimates** the patients out of pocket cost for scheduled surgeries and procedures. Please note this is only an estimate based on the information your Insurance Company provides us. You may owe more or less once Insurance processes your claim. Not all pre-op or post-op appointments are included in this estimate. We encourage patients to also verify their own benefits as well.
- **Social Security Numbers:** We are required to have the patient's SSN number in order to schedule any surgeries or procedures at LMH, LSC or St. Francis Hospital. Not having this information will delay the scheduling process.
- **Patient balance and payment arrangements:** Patients that are unable to pay in full at the end of your visit you will need to talk with our billing department for payment arrangements. Balances that are billed to the patient via payment arrangements are expected to be paid in full within 90 days of the first statement mailed.
- **Children and Adolescents:** We will not see your child when brought in by someone other than a mother or father unless the adult bringing your child in has a written note signed by you authorizing treatment and financial responsibility. Guardians must bring in guardianship paperwork at first appointment to be scanned into your child's chart.
- **Divorce decrees:** This office is not a party to your divorce decree. Adult patients are responsible for their bill at the time of service. The responsibility for minors rests with the accompanying adult.

I have read, understand, and agree to the above financial policy. I understand that charges not covered by my insurance company, as well as applicable co-pays, co-insurance and deductibles are my responsibility.

 Print Patient Name

 Patient/Guarantor signature

 Date