

# Cornerstone Medical Associates

## Financial Policy

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Welcome to our practice.

An important part of your health care experience is to understand the billing procedures of your health care provider.

This information is intended to help answer any questions that you may have but please feel free to approach our friendly staff for additional information.

The health care you receive from our office will be tailored to fit your individual needs; however, our financial policies are the same for everyone.

We ask that all our patients read, understand, and accept our Financial Policies, as described below.

### REGISTRATION

As a new patient, you will be asked for personal information over the telephone so that we may establish your chart within our computer system.

Upon arrival, you will be asked to fill out a form letting us know the person(s) authorized to access your protected health information, your wishes for advance directives, your preferred method of contact, and a release allowing us to file your insurance or send information to a physician for referral. You will also be given what we refer to as our "Check-In Sheet." This form is to verify the information that we received from you over the phone was keyed correctly by our staff.

In order for us to serve you efficiently, it is extremely important that your personal information including telephone, address, and insurance information is kept up-to-date. Each time you visit our office, we will ask you to verify the information on your "Check-In Sheet." Please mark through all incorrect information and write in the correct information. Our staff will gladly make these corrections to your records. We will also ask to see your insurance card so we can make sure we have the most recent copy on file. This ensures we file claims under correct identification/group numbers and addresses.

### PAYMENT POLICY

For your convenience, we accept all the following methods of payment:

- Cash
- Visa
- Master Card
- American Express
- Debit card

Full payment is due at the time of service. Any required copays, coinsurance, or deductibles owed by you will be collected at the time of service. If your insurance plan determines a service not to be covered, we will bill you for that charge.

If you are unable to pay in full on the dates of service, we have alternatives to offer you. Please talk to one of our staff members, or Office Manager.

## **VERIFYING BENEFITS**

Our staff contacts your insurance prior to your visit to get an idea of what kind of benefits you will receive towards your day's visit.

Our staff only asks for benefits that coordinate with the primary reason for your visit. If you ask to be treated for things other than what you are scheduled for, the benefits quoted could be very different from what either of us expects.

Insurance verification is not an exact science. Once your insurance gets the claim, they can deviate from the benefits that they have quoted for any number of reasons. Please bear in mind that while we strive to have you pay only what you owe, no more no less, there will most certainly be discrepancies that cannot be foreseen.

We try very hard to notify you prior to services rendered, of the amount you will be expected to pay, especially if services are not covered by your insurance. Prior notification of non-covered services is not a requirement with most insurance, but is something we do as a courtesy to our patients.

However, ultimately it is your responsibility to know your insurance policy, including its limitations and your liabilities.

If we do not have a contract with your insurance carrier, we cannot accept assignment to be reimbursed by your carrier. Therefore, charges are due and payable by you at the time of service. As a courtesy, we will however bill your insurance plan on your behalf for any service we provide with instructions to reimburse you directly.

You will be responsible to pay any billed amounts upon receipt of a statement from our billing office.

## **ACCOUNTS WITH BALANCES**

Your insurance should send you an explanation of benefits paid when they process your claim. You will typically get a response 1-2 weeks before we receive it. In essence, you will know what you owe before we do. Because of this, balances are considered your responsibility as soon as we receive the response from your insurance company stating what your portion of the claim would be. Please call our office at (615) 462 7316 as soon as possible to make a payment.

All outstanding balances will be required at the time such payments are due.

If you have a balance that is past due (greater than 30 days from the time the statement was sent to you), you will be required to pay in full.

Accounts with overdue balances will be sent to our collection agency. Patients with accounts listed with our collection agency must pay all past due amounts plus 14% collection fee before any other appointments can be scheduled.

If you are unable to pay in full, you will need to contact our office as soon as possible to make payment arrangements.

Patients who do not comply with our billing policies may be dismissed from the practice.

It is very important to contact our office to update us of any changes in your personal information such as address or phone number.

We will make every effort to contact you. However, your account will progress through our collection cycle as if you had received all correspondence, so it is very important to keep us informed of any changes.

### **SELF-PAY**

We welcome our self-pay patients.

Payment is due at the time services are rendered

Our fees are assessed periodically and compared to what is considered “reasonable and customary” for our area.

### **REFUNDS**

Refunds for \$10 and above are processed and mailed. Credit balances of \$9.99 and below will remain on the account and can be applied toward your next visit. Refunds are sent as soon as all open balances are resolved that are connected to you or your family's account.

### **AUTO INSURANCE/THIRD PARTY CLAIMS**

We are unable to file claims with auto insurance companies or await court settlements. If you have a visit related to a motor vehicle accident or any accident where benefits are expected from a third party, you will be asked to pay in full for services rendered. You will be given a receipt showing your payment that you can use to submit for reimbursement from the third party.

We prefer to handle third party payment visits separately from other health issues.

### **CANCELLING APPOINTMENTS**

If you fail to notify our office of cancellation 24 hours (or more) prior to a scheduled appointment, we will charge your account \$30. Early notification will greatly benefit other patients who may need your appointment slot and will eliminate your being charged a “no show” fee.

Thank you for choosing Cornerstone Medical Associates, PLLC for all your health care needs.

We are dedicated to providing you with the best care and service possible.