



Patient Financial Policy

To reduce confusion and misunderstanding between our patients and practice, we have adopted the following financial policies. If you have any questions regarding these policies, please discuss them with our office manager. We are dedicated to providing the best possible care and service to you and regard your complete understanding of your financial responsibilities as an essential element of your care and treatment.

Unless other arrangements have been made in advance by either you or your health insurance carrier, full payment is due at the time of service. For your convenience we accept VISA, MasterCard, Discover and American Express.

Private Pay patients are expected to pay \$108 at check in and we will collect the balance due after your visit when you check out unless you have made prior payment arrangements.

Your Insurance

- **It is your responsibility to know the benefits and limitations of your insurance policy/health plan.**
- If your insurer/health plan requires the naming of a Primary Care Provider (PCP), it is your responsibility to contact your insurer/health plan with the correct physician's name prior to your visit.
- We have made prior arrangements with many insurers and health plans to accept a reduced rate of reimbursement. This means that we will bill those plans for which we have an agreement and will only require you to pay the authorized copayment at the time of service. This office's policy is to collect this copayment when you arrive for your appointment. Any other amounts determined by your insurer/health plan to be "Patient Responsibility" will be billed to you and will be due upon receipt of a statement from our office.
- If you have insurance coverage with a plan for which we do not have a prior agreement, we will prepare and send the claim for you on an assigned basis. This means that your insurer will send the payment directly to us. You will be responsible for paying the full deductible and your coinsurance percentage of any amount over the deductible at the time of service. If you provide written



confirmation from your insurance carrier that the deductible for the current calendar year has been met, then your coinsurance percentage of the charges must be paid at the time of service. We are not contractually obligated to accept any adjustments from your insurance carrier even when those adjustments are listed on your Explanation of Benefits (EOB). Any other amounts determined by your insurer/health plan to be "Patient Responsibility" will be billed to you and payment is due upon receipt of a statement from our office.

- In the event that your health plan determines a service to be "not covered," you will be responsible for the complete charge. Payment is due upon receipt of a statement from our office.
- We will bill your health plan for all services provided in the hospital. Any balance due is your responsibility and is due upon receipt of a statement from our office
- We are not a Workman's Compensation Provider and we will not treat work related injuries.
- If this is a motor vehicle accident injury or a third-party responsible claim, you as the patient are financially responsible for all charges incurred due to today's visit.

Minor Patients

- For all services rendered to minor patients, we will look to the adult accompanying the patient and the parent or guardian with custody for payment according to the above guidelines.