

Auburn Urogynecology and Women's Health
James S. Dunn, Jr., M.D.

Financial Policy

We are committed to providing you with quality and affordable healthcare. To ensure we run an efficient practice and to better serve you, the following is our financial policy.

Insurance: We participate in many insurance plans, including Medicare. If we are not contracted with your insurance, or you have no insurance, you are responsible for payment in full at the time of service. It is your responsibility to confirm participating provider status directly with your insurance company. Due to strict insurance billing time limits, patients who do not bring their insurance cards to their appointment will be considered self pay patients. Knowing your insurance benefits is your responsibility.

Co-payments and Deductibles: All copayments must be paid at the time of service. All deductibles must be paid when the amount is known. This arrangement is part of your contract with the insurance company. Failure on our part to collect copayments and deductibles from patients can be considered fraud. Please help us be compliant with insurance procedures by paying your copayment at each visit.

Secondary Insurance: Having more than one insurer does not guarantee your services will be covered 100%. We will bill your secondary carrier as a courtesy.

Non-covered services: Please be aware the some and perhaps all of the services you receive may be non-covered or not considered reasonably necessary by Medicare or other insurance. You are responsible for these charges.

Coverage: If your insurance changes, please notify us before your next visit so we can make appropriate changes to help you receive your maximum benefits. If your insurance company does not pay your claim, you will be billed the balance.

Claims submission: As a courtesy to you, we will submit your claims and assist you in any way we reasonably can to help get your claim paid. Your insurance company may need you to supply certain information directly. It is your responsibility to comply with their request. If a claim remains unpaid due to the request for information, you will be responsible for the balance.

Pre-surgical payments: A deposit is required to schedule elective surgery and will need to be paid by 2 weeks prior to the scheduled date. We reserve the right to cancel or reschedule should the deposit not be paid in a timely manner. The deposit required will be determined by deductible owed, percentage responsible, or by cash fee for service.

Patient account statements: An account balance becomes the patient's responsibility for three basic reasons:

1. Your insurance has paid for services and the balance remaining is member liability
2. Your insurance has been billed and denied or pended due to missing info from member
3. No insurance information given or invalid information for you exists in our files

As a convenience, we accept most major credit cards and debit cards. You can also make credit/debit card payments online using the patient portal. Any unpaid balance exceeding 90 days may be referred to a third party collection agency and a collection fee of \$12 will be assessed to your account. This action may also breach the physician/patient relationship and you may be discharged from the practice.

Missed appointments: We may charge \$25 for missed appointments and \$50 for missed procedures not canceled within 24 hours. These charges are not billed to insurance.

Returned checks: Please be advised that there is a \$25 fee for all returned or bounced checks.

Disability forms/paperwork: There is a \$15 fee for the completion of paperwork. This fee is not billed to the insurance and must be paid in advance.

Records Requests: There is a \$15 nominal fee for copying of records for personal use. Please allow 10 business days for completion of request.

We must emphasize that as a physician our relationship is with you, not your insurance company. We file insurance claims as a courtesy to our patients, but all charges are your responsibility. Not all the services we provide are covered by your insurance provider. This is NOT decided by us, but rather by your insurance company. It is important that you read and understand your insurance policy and its requirements for coverage.

Signature: _____ Date: _____

Should you have any questions regarding the content of this form please see a member of our front office staff for clarification prior to signing.