

## FINANCIAL PAYMENT POLICY

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We find that communication with our patients regarding our financial policy assists us in providing the best service to you. We have therefore taken the time to answer some of the most commonly asked questions.

### How may I pay?

We accept payment by cash, check, VISA and Mastercard.

### Do I need a referral?

If you have an HMO plan with which we are contracted, you need a referral authorization from your primary care physician. If we have not received an authorization prior to your arrival at the office, we have a telephone available for you to call your primary care physician to obtain it. If you are unable to obtain the referral at that time, you will be rescheduled.

### Which plans do you contract with?

Because this is a new entity, we are in the application process with many of the managed care programs. We are, in fact, currently participating in some of the major plans. Due to the fact that we have multiple physicians in various stages of application process, we suggest that you speak with our front office supervisor and/or our administrator if after checking with your plan we are still not listed in their system. Our policy during this transition period is to make sure that all patients are able to receive care and treatment from their physicians just as they have in the past. In other words, if we were in-network previously, whether we are finalized or not with your the managed care plan, claims and patient balances are to be billed as if we were in network.

### What is my financial responsibility for services?

Your financial responsibility depends on a variety of factors, explained below.

<i><b>If you have.....</b></i>	<i><b>You are responsible for.....</b></i>	<i><b>Our staff will.....</b></i>
<b>Commercial Insurance</b>	Payment of the patient responsibility for all office visits, injections, office procedures and other charges at the time of office visit.	File an insurance claim as a courtesy to you.
<b>HMO &amp; PPO plans with which we have a contract</b>	<u>If the services you receive are covered by the plan:</u> All applicable copays and deductibles are requested at the time of visit. <u>If the services you receive are not covered by the plan:</u> Payment in full is requested at the time of visit.	File an insurance claim on your behalf.
<b>HMO with which we are <u>not contracted and are not applying for.</u></b>	Payment in full for office visits, injections, office procedures and other charges at the time of visit.	Provide the necessary information for you to complete and file your claim directly with the insurance company.
<b>Point of Service Plan or Out of Network PPO</b>	Payment of the patient responsibility – deductible, copay, non-covered services-at the time of the visit.	File an insurance claim on your behalf.
<b>Medicare</b>	If you have Regular Medicare, and have not met your	File the claim on your behalf, as well as any claims to your

	<p>deductible, we ask that if be paid at the time of service.</p> <p>Any fees for services not covered by Medicare are requested at the time of service.</p> <p><u>If you have Regular Medicare as primary, and also have secondary insurance or Medigap;</u> No payment is necessary at the time of service.</p>	secondary insurance.
<b>Medicare HMO</b>	All applicable copays and deductibles at the time of service.	File the claim on your behalf, as well as any claims to your secondary insurance.
<b>Worker's Compensation</b>	<p><u>If we have verified the claim with your carrier:</u> No payment is necessary at the time of service.</p> <p><u>If we are not able to verify your claim:</u> Payment in full is requested at the time of service.</p>	If you bring proper documentation: call your carrier to verify the accident date, claim number, primary care physician, employer information, and referral procedures.
<b>Worker's Compensation (Out of State)</b>	Payment in full is requested at the time of service.	Provide you a receipt so you can file the claim with your carrier.
<b>Occupational Injury</b>	Payment in full is requested at the time of service.	Provide you a receipt so you can file the claim with your carrier.
<b>No Insurance</b>	Payment in full is required at the time of service.	Work with you to settle your account and/or plan monthly payments for hardships. Please ask to speak with our front office supervisor or practice administrator for further assistance.

*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 copayments and deductibles, are my responsibility.*

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Date

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Signature

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Printed Name