

Financial Policy

Insurance Participation

We have contracts with, file claims to and accept a contractual write-off for the following insurance companies: Aetna, Alliance PPO, BCBS, CIGNA, First Health, Health Care Savings, Humana Gold Choice, Med Cost, Medicaid, Medicare, PHCS, Southcare PPO, State Health Plan, Tricare, Wellpath, and United Healthcare.

Third Party Payers

We will file your regular medical insurance if we participate and bill you according to insurance company instructions. We will file to a Workman's Compensation policy but **REQUIRE** the following information be provided at the time of the initial treatment: Workman's Compensation company name, claims mailing address, adjuster name, adjuster phone number and claim number.

Eligibility Information

We will ask for your insurance card(s) at each appointment. If you do not have your current insurance card(s) and necessary information, you will be required to pay for the services rendered and file your claim independently to receive reimbursement.

Claims Filing

We will file claims for those insurances with which we are contracted, as well as secondary insurance if we participate with your primary insurance. We accept the contractual write-off based on your primary insurance. Once we have received instruction from your insurance company, you will receive a bill for any outstanding balance. You will then be responsible for that balance.

Payment

We accept Checks, Cash, Visa/MC and Debit cards. All payments for service are due on the day the service is provided.

Care Credit

We accept Care Credit as a form of payment for services rendered. We are required to follow the Care Credit Operating Guidelines which stipulate: the card holder must be present with the card, must provide 2 forms of valid ID, cannot be used on balances older than 90 days.

Co-Pays

Many plans require that a patient pay a co-pay at each visit. We are bound by our contracts with insurance companies to collect that co-pay at the time we render our services. In keeping with our contracts, we will collect your co-pay when you check in.

Co-Insurance and Deductibles

To avoid collection issues and increased billing, we will collect any percentage co-insurance or deductibles not met at the time of service. These amounts are calculated based on our negotiated fee schedule with the insurance company.

No-Shows

The following fees apply to no-show visits: \$75 for missed appointments. \$100 for a missed in-office procedure and/or surgery. We require a 24 hour advance notice of cancellation so that we may offer that appointment to another patient.

Patient Refunds

Refunds for overpaid services are issued by the 30th of each month. Any over-payment made by the patient will be applied to any outstanding balance. If there is a remaining credit after outstanding balance is satisfied, it will be refunded to the patient, at the patient's request.

Small Balances

You will not receive bills for balances less than \$5. However, we will notify you of the balance at your next visit and expect payment.

Returned Checks

We charge a \$25 fee for returned checks. Patients who have written a returned check will be required to pay by cash or credit for all future payments.

Bankruptcy

Accounts written off due to bankruptcy will also result in termination from our practice. However, you may work with your Bankruptcy attorney to draft a letter expressing your intent to pay our bill and continue as a patient.

Charge for Medical Records

Medical records requested will be copied for the following fee: .75¢ per page 1-25, .50¢ per page 26-100, .25¢ all others. Postage is also charged.

By signing below I agree that I have read the above financial agreement. I understand and agree to adhere to the policies included within the agreement.

Patient/Guarantor Name: _____

Patient /Guarantor Signature: _____ Date: _____