

FINANCIAL POLICY

We have found the communication with our patients regarding our financial policy assists us in providing the best service to them. Please take the time to read the following information. Thank you.

Full payment is expected at the time of service for all charges not covered by insurance carriers with which the facility is not contracted to accept.

Payment for any services can be made in cash, credit cards (VISA, MasterCard, Discover, and American Express), and in-state checks (with proper ID). Yearly physicals and tests may be required by your physician, however, they may not be covered services by your insurance carrier, so full payment will be your responsibility at the time of the service. Payment of all late charges not covered by other insurances will be expected from the patient. The patient/guarantor will be responsible for all attorney/collection fees for delinquent balances. If a check should be returned for any reason the patient/guarantor will be responsible for any and all fees applicable. Insurance/HMO/PPO cards must be presented at the time of service or you will be classified as self-pay.

Self Pay - Full payment is required at the time of service.

Private Insurance - Full payment is expected when services are rendered. Since you have a private contract with your insurance carrier, it will be your responsibility to follow up with your insurance carrier regarding denials and underpayment. If we should accept assignment of your insurance benefits due to an emergency situation, payment in full is expected within 60 days from the date of service.

Worker's Compensation - State law requires that all employers furnish worker's compensation coverage through a managed care plan. You are responsible for reporting your injury to your employer and completing a First Report of Injury. You are responsible for supplying us with an authorization for treatment from your managed care plan. If you fail to provide the necessary authorization, you will be required to pay for services in full at the time of treatment; the only exception is a life threatening emergency situation. If you subsequently obtain an authorization from your managed care provider, we will be happy to prepare a claim on your behalf so that you may be reimbursed. In the event your claim is denied, you will be responsible for payment. Please let us know at that time if you have any other insurance that may consider the charges for payment. Specialized evaluations such as an Independent Medical Evaluation or an Aviation Medical Examination require payment in full at the time of scheduling.

Medicare - This is a Medicare certified facility and we will file a claim to Medicare and your supplemental carrier on your behalf for covered services. You will be expected to sign a waiver of liability form and pay for any services considered non-covered by Medicare at the time of service. Payment will be expected within 30 days following payment from Medicare if your supplemental carrier does not pay for your copays and/or deductible. You are expected to notify this agency if you have any other form of insurance which might be primary to Medicare for the treatment being rendered such as but not limited to auto insurance, group insurance, worker's compensation, black lung, liability, etc.

Medicaid - This facility does participate with the Medicaid program.

HMO/PPO/Contracted Insurances - We will honor the terms of our contract with your carrier providing one is in effect. You will be expected to pay all copays and non-covered charges at the time of service. We do not have a contract in effect with PPC Care Manager. It is your Primary Care Physician's responsibility to obtain an authorization number for you prior to the time of the service. If we have not received an authorization number from your Primary Care Provider full payment will be required at the time of service.

How will you be paying today? (Circle one) Cash Credit card In-state check

I agree to the terms of the financial policies described above and understand that the patient/guarantor is ultimately responsible for payment of all charges.

Patient/Guarantor Signature _____ Date _____

NOTE: Billing information is reviewed for accuracy at the end of the day. This may result in billing adjustments. Such adjustments would be reflected on the insurance DOD and your statement.