

## **Patient Financial Policy**

Thank you for choosing us as your provider. We are committed to delivering high-quality, affordable health care. To address common questions about patient and insurance responsibilities, we have developed the following payment policy. Please review it, let us know if you have any questions, and sign where indicated. A copy will be provided to you upon request.

### **1. Insurance**

- We participate in most insurance plans, including Medicare. If you are not covered by a plan we accept, payment in full is due at each visit. If you are covered by an accepted plan but do not have an up-to-date insurance card, full payment is required until your coverage can be verified. Because insurance benefits vary, it is your responsibility to understand your coverage. Please contact your insurance provider with any questions regarding coverage.

### **2. Authorizations and Referrals**

- As our patient, you are responsible for all authorizations/referrals needed to seek treatment in this office. You must inform the office of all insurance changes and authorization/referral requirements. In the event the office is not informed, you will be responsible for any charges denied.

### **3. Co payments and deductibles**

- All co-payments and deductibles must be paid at the time of service. This arrangement is part of your contract with your insurance company. Failure on our part to collect co-payments and deductibles from patients can be considered fraud. Please help us in upholding the law by paying your co-payment at each visit.
- A service charge may be applied to all credit card purchases. To avoid this fee, you may pay with cash or check.

### **4. Non-Covered services**

- Please be aware that some, and perhaps all, of the services you receive may be non-covered or not considered reasonable or necessary by Medicare or other insurers. You must pay for these services in full at the time of visit.

### **5. Proof of Insurance**

- All patients must complete our patient information form before seeing the doctor. Before your appointment, please take a moment to fill out our patient information form. We must obtain a copy of a valid photo ID along with your current insurance card so we can verify your coverage. If accurate insurance details are not provided in a timely manner, you may be held responsible for any remaining balance on your claim.

### **6. Claims Submission**

- We will submit your claims and assist you in any way we reasonably can to help get your claims paid. Your insurance company may need you to supply certain information directly. It is your responsibility to comply with their request. Please be aware that the balance of your claim is your responsibility whether or not your insurance company pays your claim. Your insurance benefit is a contract between you and your insurance company; we are not a party to that contract.
- As a courtesy, we will file your insurance claim for you if you assign the benefits to the doctor. In other words, you agree to have your insurance company pay the doctor directly.

### **7. Coverage Changes**

- If your insurance changes, please notify us before your next visit so we can make the appropriate changes to help you receive your maximum benefits. If your insurance company does not pay your claim in 45 days, the balance will automatically be billed to you.

**8. Nonpayment**

- If your account is over 60 days past due further steps will be taken to collect the debt. Partial payments will not be accepted unless otherwise negotiated. Please be aware that if a balance remains unpaid, we may refer your account to a collection agency.
- If the account is referred to a collection agency, you agree to pay your balance plus a \$50 collection fee and any additional collection costs that are incurred. If collection of the balance of your account is turned over to a lawyer, you agree to pay all lawyer fees which are incurred plus court costs. In case of suit, you agree the venue shall be Putnam County, Tennessee. In addition, we reserve the right to deny future non-emergency treatment for any and all debtor-related unpaid account balances.

**9. Service Charge**

- There is a service fee of \$25.00 for all returned checks. Your insurance company does not cover this fee.

**10. Disability/ FMLA Paperwork**

- There will be a fee of \$25.00 to complete disability/FMLA paperwork, per set. Please allow ample time (1 week) to be completed.

**11. Medical Records**

- There will be a charge for all medical records printed. A \$20.00 fee for the first 5 pages and \$0.50 per page for each page thereafter. Please allow ample time (1 week) to be completed.
- There is a \$5.00 charge for CD copies of X-ray images.

**12. Missed Appointments/ Cancellation Policy**

- When we make your appointment we are committed to honoring your time. Please note that if you are 15 minutes past your appointment time, we may not be able to keep your reserved time. If you must cancel or reschedule, we ask that you notify us at least 24 hours in advance. This allows us to offer the appointment time to another patient.
- It is our policy to charge \$50 for New Patient or Procedure appointments and \$25 for any follow-up appointments not canceled within 24 hours. These charges will be your responsibility and billed directly to you. Your insurance will not cover this fee. Repeated cancellations or missed appointments will result in dismissal from the practice.
- Please help us to serve you better by keeping your scheduled appointments.

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Patient/Guardian Signature

Date