

## Financial Policy

We are pleased that you have chosen us as your healthcare provider. To avoid any misunderstandings and ensure timely payment for services, it is important that you understand your financial responsibilities with respect to your health care.

Using an in-network provider can help maximize your healthcare benefits and can help minimize your out-of-pocket costs. You should check with your insurance provider to see if we are a contracted provider with your specific plan. If we are considered out-of-network, inquire if you have out-of-network benefits. Please note that we do not file claims for out-of-network benefits but will gladly give you supporting documentation for you to submit to your insurance for possible reimbursement.

We ask all patients to provide their insurance card (if applicable) and proof of identification (such as a photo ID or driver's license) at every visit. If you do not provide current proof of insurance, you will be considered an "uninsured patient", and payment for all services will be due on the day of your visit with us.

All active insurance policies must be disclosed to our office before services are rendered. Any claims denied due to Other Health Insurance (OHI) will result in the full balance being the patient's responsibility.

If you have multiple insurance policies, it is your responsibility to contact all of your insurance companies to make them aware of other policies to ensure a seamless claims process. Failure to do so will also result in the full balance being the patient's responsibility.

You are responsible for understanding the limitations of your insurance policy, including:

1. If a referral or authorization is necessary for office visits. If it is required and you do not have the appropriate referral or authorization, you will be billed as an uninsured patient.
2. What ordered testing, prescribed treatment, or surgical service is covered under your insurance policy. If you choose to undergo non-covered services, we will require full payment at the time of your visit.
3. Any co-payment, coinsurance or deductible that may apply. When the insurance plan provides immediate information regarding patient responsibility, we will request payment for your share when you schedule and/or when you present for your appointment. You may receive an estimate for your patient responsibility prior to or at the time of your service. An estimate is not a guarantee of payment. If there is a difference in the estimated patient responsibility, we will send you a statement for any balance due.

Please note that our fees cover physician services only. An office visit charge will apply whether or not treatment is provided, as it includes the evaluation, consultation, and clinical decision making by the provider. may also receive separate bills from pathology, laboratory, radiology, or other diagnostic service providers. These services are not billed by our office. For any questions regarding these external bills, please contact the issuing provider directly.

If you do not have insurance or are not using insurance to pay for your care, you have the right to receive an estimate explaining how much your medical care will cost. A \$150 deposit is required at the time of scheduling a new patient appointment. This deposit will go towards your office visit and does not cover any other treatment. When coming for

follow up appointments or other unrelated appointments, an office visit charge will be collected at check in.

Once your insurer has processed your claim, you will receive an Explanation of Benefits (EOB) from your insurer informing you of the amount it will pay for your services. The EOB is not a bill, but it may indicate that a balance remains which is your responsibility. That balance may include your copayment, deductible, or other costs outlined in your terms of coverage. If you have a question about your EOB or your terms of coverage, please contact your insurance company.

After your claim has been processed, we will send you a statement for any outstanding balances. We send out statements when the balance becomes the patient's responsibility as determined by your insurer. All outstanding balances are due upon receipt. If you come for another visit and have an outstanding balance, we will request payment for both the new visit and your outstanding balance. Your outstanding balances can also be paid conveniently via our patient portal. If you have an outstanding balance for more than one hundred and twenty (120) days, you will be referred to an outside collection agency. In addition, if you have unpaid delinquent accounts, we will discharge you as a patient and/or you will not be allowed to schedule any additional services unless special arrangements have been made.

If there are any questions or concerns, our front desk staff will be more than happy to answer any questions. You may also contact our billing department at (478) 953-1020 extension 1

Thank you.