FINANCIAL POLICY

We recognize the need for patients to understand what is expected of them and what they may expect, regarding financial arrangements for medical care. It is our hope that our patients will understand that many of these credit and collection policies are required by state and federal laws and to assure the financial resources necessary to provide quality medical care to the community. The existence of a formal financial policy does not circumvent our sensitivity to the needs of our patients. We encourage contact with our billing office if a problem regarding your account should arise. Our financial policy is as follows, is applicable to all patients and effective immediately.

1. It is the patient's responsibility to know what are **covered or non-covered services** under their health insurance policy. Many procedures, while excellent relative to a patient's overall care, are considered preventive and are not covered by some insurance plans. Examples of these services are routine annual eye exams, refractions, Blepharoplasty, etc. Check with your insurer to see if these services are covered prior to scheduling any test or procedure.

2. Likewise, it is the patient's responsibility to know if a **referral and/or authorization** are required from their insurance carrier for full benefits to be paid for our services and to make certain whatever is required has been requested from their insurer. The patient will be financially responsible for any charges incurred and subsequently denied by their insurer in the absence of an appropriate referral and/or authorization.

3. **All co-payments are due and payable at the time of service**, in accordance with state and federal legal requirements for collecting patient responsibility amounts. If a copay is not paid at the time of a service a **$15.00 billing fee** will be added to their account.

4. **If you do not have insurance,** payment in full is expected at the time of service, unless financial arrangements have been made in advance with our billing department.

5. **Insurance claims** will be submitted to your primary and secondary insurer. It is the patient's responsibility to provide our office with up-to-date and accurate insurance information. If our information is inaccurate and we are unable to file a claim, you will be billed privately for those charges. Ultimately, the patient is responsible for payment of any services provided to them or their covered dependents.

6. Once the insurer has paid the claim, **any deductibles, co-payment amounts or non-covered services** will become the responsibility of the patient. Prompt payment is expected, once a statement has been received (within 30 days). If that is not possible, please contact our billing office. Any late payments to our office are subject to a finance charge.

7. **We are "participating providers"** with most major insurance plans, Including Medicare. "Participation" means we will accept what the insurer approves as payment in full, exclusive of any patient responsibility amounts, such as copay amounts, deductible amounts or non-covered services. For instance, Medicare will pay 80% of the approved amount. The patient is responsible for the remaining 20%, plus any out-of-pocket deductible. <u>We are required by state and federal laws to collect the patient responsibility amounts for both federally funded programs and private insurers.</u>

TURN OVER

8. We are happy to provide treatment for **work related injuries** (Workers' Compensation) to our patients. Any charges incurred are ultimately the responsibility of the patient, unless we have been provided with a viable claim number, allowed diagnoses and date & history of injury.

9. We are happy to provide treatment for injuries related to **auto accidents** for our established patients; however, the payment for these services will not be contingent upon a settlement from the accident insurer. It is the patient's responsibility to make arrangements for payment of services rendered to them as the result of injuries sustained in an auto accident. Compensation to the patient for the payments they have made for our medical services can be directly negotiated between the accident insurer and the patient.

10. Payment of services rendered to **children of divorced or separated parents,** rests with the parent who seeks treatment. Any court ordered financial arrangements must be between the individuals involved, without including our office.

11. It is the responsibility of those patients who receive benefits from any s**tate sponsored welfare program** to provide us with a current copy of their card. Failure to provide verification of current benefits will be financially responsible for any services provided to them as well as any non-covered services.

12. All patients may receive **monthly statements** from our office, even if their insurers are still processing the claim for our services. These statements are informational, until such time as there is an amount listed in the "Patient Balance" column. Any amount so listed is due and payable upon receipt of the statement. If you are dissatisfied with your insurer's payment, please contact your insurance carrier.

13. Any **account delinquent** for a period of 90 days will be referred to an outside collection agency for collection action, and may result in the termination of patient care from the practice. You agree to reimburse us the fees of any collection agency, which may be based on a percentage at a maximum of 50% of the debt, and all costs, and expenses, including reasonable attorney's fees, we incur in such collection efforts.

14. There will be a $45.00 **overdraft charge** for all checks returned by your bank

15. A **No Show fee** of $45 will be charged to any patient who does not call within 24 hours to cancel or reschedule their appointment.

It is our hope that you will find this information helpful. If you have questions, please speak with our billing staff at 419.885.5556.

____ ______________
Patient's Signature (or Authorized Representative/Guardian) Date

____ ______________
Witness' Signature Date