



FINANCIAL POLICY

The information listed below was designed to provide our patients with a detailed explanation of our financial policies. We realize this information may not always address your specific situation and encourage you to speak with a member of our billing department whenever you have any questions or concerns regarding your account.

Registration

Information gathered provides us with contact information as well as ensures your claims will be filed to the correct insurance company.

Upon arrival for your appointment, you will be asked for basic information:

- Current patient information: name, address, telephone number, employer, date of birth, social security number, and emergency contact.
- Current Insurance Card.

Please arrive at least ten (10) minutes prior to your appointment time. Having information readily available will assist us in making the check-in process easier for you. Information obtained in the registration process is kept in your confidential medical record.

You will be asked to make co-payments at the time of service. For your convenience, we can also handle your payments on your account at the Registration Desk. We accept cash, check, debit cards and major credit cards (MasterCard, Visa, and Discover).

Co-payments

Co-payments will be collected at the time of your visit. Please check with your insurance company for the requirements and provisions of your policy to determine the dollar amount of your co-payment prior to your appointment.

NSF Checks

Any negotiable items returned because of Non-Sufficient Funds (NSF) will be sent a 15-day statutory notice letter via certified mail. Receipt of the letter provides the presenter of the NSF item seven (7) days to pay the face amount of the negotiable item, plus a service charge, in the following amounts:

Amount of Check \$50.00 or Less..... Fee = \$25.00 per Check

Amount of Check \$50.01 - \$300.00..... Fee = \$30.00 per Check

Amount of Check \$300.01 or More..... Fee = \$40.00 per Check

Or an amount equal to 5% on the face Value of the Check, whichever is greater.

Liabilities

It is the obligation of the responsible party to settle any outstanding liability charges. We cannot act as administrator to resolve financial arrangements. The balance for services rendered is considered due in full at the time of the services.

Participation with Insurance Companies

We reserve the right to determine which insurance companies or programs we participate with on an annual basis.

General Insurance Policy

As a convenience to you, our Insurance Staff will file a claim on your behalf provided we have your current insurance policy information available. However, it is impossible for our staff to determine your coverage and payment levels, since each insurance company offers many options as part of their health care coverage package.

Our staff cannot guarantee that your insurance carrier will pay all or even part of your claim. Your insurance policy is a contract between you and your insurance carrier. Ultimately, the patient is responsible for their charges. Patients should resolve disputed coverage issues directly with their insurer or employer. It is the patient's responsibility to know the details of their insurance contract and if whether your provider is a network provider for their particular plan.

When your insurance company processes your claim, they will provide you with an Explanation of Benefits (EOB). This EOB will explain what the insurance company has agreed to pay. Most insurance companies agree to pay only a percentage of the charges with the remaining balance being the responsibility of the patient. The EOB may use the term "Usual, Customary and Reasonable" (UCR). Insurance companies develop UCRs independently of one another. Therefore, because of policy deductibles, co-payments, non-covered services and UCRs, you may have a balance due after the insurance pays. No UCR adjustments will be honored unless the clinic has a signed contract in effect with that specific insurance carrier.

Medicare Policy

Federal law requires all physicians to file claims to Medicare.

We accept Medicare assignment. This means we agree to accept Medicare's allowance on services provided to you. You will still be responsible for your annual deductible, the co-payment, and any non-covered services specified by Medicare.

If you carry a supplemental plan to Medicare, please ensure we have your policy information so that a claim can be filed for you.

Medicaid

All Medicaid patients must present a valid stamped card prior to being seen. If the patient wishes to be seen without their validated card, they will be required to make payment at time of service or asked to reschedule.

General Credit Policies

All accounts are payable upon receipt of your first statement. Credit is extended as a courtesy, and arrangements will be based on demonstrated needs.

If you are not covered by a medical insurance plan, payment is expected at the time services are provided.

Hardship

Patients who are having financial difficulties may qualify for a reduction in a repayment plan or a financial adjustment on their account. They will be required to complete a financial form and include the necessary information to process their application.

Questions Regarding Your Account

If you have questions regarding your account or wish to make a payment using MasterCard, Visa, Discover or Debit Card, please contact our Billing Department during the hours of 8:00 am and 5:00 pm, Monday through Friday, at 352-593-4101.

Thank you for your cooperation in helping us serve you with the highest quality, accessible and cost effective health care services.