

AVANCE CARE

PATIENT FINANCIAL POLICY – Effective May 1, 2008

Thank you for choosing Avance Care as your health care provider. We are committed to your treatment being successful. Please understand that payment of your bill is considered a part of your treatment. The following is a statement of our Financial Policy:

FULL PAYMENT OF PATIENT OBLIGATIONS IS DUE AT TIME OF SERVICE.

We accept: Cash, Checks and Credit Cards

It is the policy of this office to help keep your health care costs as low as possible. To do this, we need to keep our billing costs to a minimum. Please help us in the following ways:

- ✓ Always bring your current health insurance card to the office.
- ✓ Please notify us at time of check-in of any changes in insurance, address, telephone or family status.
- ✓ Please pay your co-pay or deductible balance and co-insurance amount at the time of service.
- ✓ You will be expected to pay in full if:
 - You do not have insurance,
 - Avance Care does not participate with your health plan,
 - You are unable to present a valid member identification card from your insurance carrier at your visit, or
 - We are unable to verify your insurance coverage.

You should receive a bill for any other patient responsibility within 30 days; and/or an explanation of benefits (EOB or EOP) from your insurance company. If you fail to receive an EOB or EOP from your plan within 45 days of treatment, we suggest you contact your insurance plan to determine benefits, as they may not have made payment. Payment not received in 60 days may be transitioned to patient responsibility and you may be required to make other payment arrangements.

INSURANCE: Your insurance policy is a contract between you and your insurance company. We are not a party to that contract. In the event that we do accept assignment of benefits please be aware that some, and perhaps all, of the services provided may be non-covered services under your plan and you will be 100% responsible for these charges. It is your responsibility to:

- Ensure our providers actively participate with your insurance carrier.
- Know your benefit coverage, as well as your dependents, prior to receiving services.
- Ensure that all pre-approval requirements are met to avoid denials or out-of-network benefits.

Please remember that we must receive your billing information at the time of each visit in order to meet claims submission guidelines set by your insurance plan. If either the practice or the plan fails to receive accurate information to process your claim, you will be held responsible.

We will not be held liable for ensuring the accuracy of your insurance information, including, but not limited to verifying current coverage and eligibility, obtaining authorizations, or confirming co-pay, coinsurance, and/or deductible information. Regarding Insurance Plans where we are a participating provider, all co-pays and deductibles are due at time of treatment. In the event that your insurance coverage relates to a plan where we are not a participating provider, you will be 100% responsible for all charges incurred.

To summarize, your financial responsibility retains to:

- Denied and Non-covered services
- Services deemed not medically necessary by your insurance company
- Co-payments, deductibles, co-insurance
- Pended claims due to lack of patient and/or guarantor information
- Non-Insurance and/or out-of-network benefits

CO-PAY, COINSURANCE: We are required by our insurance contracts to collect all co-pays and other patient responsible amounts, at the time of service. We may request a deposit – prior to be seen by the physician – of \$25.

CO-PAY SURCHARGE: Any co-pays that are not paid on the day of the visit will be subject to a \$10.00 co-pay processing fee. To assist you, we accept cash, checks or credit cards.

DEDUCTIBLES: If you have not met your deductible – we will estimate the expected insurance payment for your visit and request that amount at check-out – this is an estimate only – you may receive a statement with additional balances after your visit. We may also request a deposit – prior to be seen by the physician – of \$75 for new patients and \$50 for established patients.

SELF-PAY PATIENTS: Self-Pay patients are required to make a deposit of \$75 at the time of service during check-in. If additional charges are accrued, you must pay by the charges before leaving the office.

RETURNED CHECKS: There is a fee (currently \$25.00) for any checks returned by the bank. This amount may change.

MISSED APPOINTMENTS: Unless canceled at least 24 hours in advance, our policy is to charge \$35.00 for missed appointments. There may be an additional fee for missed physicals. We will not file, nor will insurance plans pay for this charge, so please help us serve you better by keeping, or canceling in advance, scheduled appointments.

AFTER HOURS TELEPHONE CONSULTATION: You may be charged a \$25.00 fee for providing medical advice during non-business hours.

COLLECTIONS: Failure to pay account balance within 30 days from initial billing may result in interest charges up to maximum legal amount allowed by law. Any past due balance not paid will be turned over to a collection agency after 90 days. Any charges and fees resulting from this action, including collecting agency fees, will be added to your account balances and will be your responsibility. In the event that the bill remains unpaid and litigation ensues for collection of sums due, this office shall be entitled to reasonable attorney fees and court cost.

LAB/X-RAY/DIAGNOSTIC SERVICES: You may receive a separate bill for medical care includes lab, x-ray, or other diagnostic services from another facility. You are financially responsible for any co-pay or balance due for these services if they are not reimbursed by your insurance.

STATEMENTS: If you have a balance on your account, we will send you a statement. It will show separately the previous balance, any new charges to the account, and any payment or credits applied to your account during the month.

PAYMENTS: Unless other arrangements are approved by us in writing, the balance on your statement is due and payable when the statement is issued, and is past due if not paid within ten (10) days.

PAYMENT OPTIONS IF YOU HAVE NO INSURANCE: Unless arrangements are made in advance, we will collect payment at your visit. Your choice is to pay by cash, check, or credit/debit card on the day that treatment is given.

INSURANCE RELEASE: You understand that your health plan may not be liable for service rendered if any of the following conditions apply:

- You have a pre-existing condition or other diagnosis that may not be covered by your plan;
- Avance Care does not participate in your health plan;
- You have not met the deductible under your health plan contract;
- Well child check-up, immunizations, adult or sports physicals, as well as other routine services, may not be covered by some insurance plans.

DIVORCE: In case of divorce or separation, the parent authorizing treatment for child/children will be the parent responsible for those subsequent charges. If the divorce decree requires the other parent to pay all or part of the treatment costs, it is the authorizing parent's responsibility to collect from the other parent.

ON-THE-JOB INJURIES/ACCIDENTS: If the reason for your visit is an accident or injury while on the job, please know that we will submit the bill directly to your employer or your employer's workers' compensation carrier – *the bill will not be covered unless your employer files a claim to the carrier* – it will remain your responsibility until a valid claim is filed by your employer.

COPIES AND TRANSFER OF RECORDS: All past due amounts will be collected before medical records are copied or transferred. A nominal fee is assessed to cover copy costs.

EFFECTIVE DATES: Once you have signed this agreement, you agree to all of the terms and conditions contained herein for this and any future visits, and the agreement will be in full force and effect.

