

**Financial Policy**

This document also serves as an authorization from you to bill your insurance company, if any, for services rendered in this practice. If the insurance requires information about the services rendered to you, this will be handled according to the procedures delineated in our HIPAA policy.

1. Your insurance policy is an agreement between you, your employer if you are covered through employment, and the insurance company administering the plan. Therefore, as the policy holder, it is in your interest to know the details of your insurance plan, including what benefits are covered and other limitations such as the requirement for a timely referral from your PCP. In many cases, we may not have full access to this information and we cannot obviously verify eligibility or benefits until we have your permission and data.
2. We are bound by separate agreements with insurance companies to abide to their rules and requirements. We are indeed required by insurance plans to collect copays and deductibles. Copays should be paid at the time of service, and deductibles are expected to be paid at the time of service if clearly determined or shortly thereafter as defined below.
3. In case of financial hardship, we ask you to inform us up front of your need to pay in installments for example. We can help in determining what your benefits and treatment costs are, but it is obviously your decision how to plan your budget.
4. You may designate on the registration form a person to whom a bill can be sent. However, the person signing this document (ie, adult patient or guardian accompanying a minor) is ultimately responsible financially for any balance that your insurance plan determines that you have to pay for. This includes all copays, co-insurances, and deductible. To deter identity fraud as required by law and in case your account has to be sent to the collection agency, a photo ID such a driver's license is required and your social security number entered on the registration form for this reason. Otherwise, we reserve the right to require payment up front if your identity cannot be confirmed and verified.
5. Please make sure that a "returned check" situation is avoided because of insufficient funds in your bank account. As you know, this will result in an overdraft fee imposed by your bank and a returned check fee imposed on us by our banking institution, and this fee would likely be passed on to you.
6. If a medical service is not covered by your insurance, or you do not have any insurance coverage, we will work with you on the payments. We would like to inform you that our fee schedule matches what the major insurance plans allow. In other words, you will never be "overcharged" in this practice if you do not have insurance coverage for the services we render.
7. Your balance will be considered past due after 90 days. If your balance is overdue by more than 180 days we may have to send your account to our Collection Agency, IC Systems, a well-respected company. It is important to note that once a delinquent account is in collections, we will no longer be able to provide medical services until the account is cleared. In this situation we will also do our best to ensure continuity of care with another practice if needed.
8. Please notify us promptly of any change in your mailing address so that our statements can reach you in a timely manner. If your insurance coverage changes or if you receive a new card or new member ID, please also notify us promptly. This is important because many insurance companies have reduced their claim filing deadline. If we cannot file a claim with the insurance before the deadline because you did not provide us with the correct information in a timely manner, you will be responsible for the bill.

\_\_\_\_\_  
Name of Person Signing This Financial Policy

Relationship to Patient, circle: Self    Father    Mother  
Other, specify: \_\_\_\_\_

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date: