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Financial Policy *Please Read Carefully*

As the health care insurance industry increasingly drives the development of a managed care environment for both patients and doctors it can easily become an overwhelming process for a patient to complete all the insurance forms. To help you determine what information and actions will be required on your part we have outlined below some of the requirements of several types of insurance carriers. Our front desk and billing staff will be happy to assist in answering any further questions you may have regarding this information. Please read and initial by the program that applies to your personal situation.

We accept cash, checks, MasterCard, Visa, Discover, and American Express.

Managed Care/Participating Programs: You are responsible for paying co-pays at the time of each visit and for obtaining any referrals authorizations your plan may require before the visit. As per your agreement with your carrier, if you fail to take these steps, you will be responsible for the entire payment at the time of service. Because of our agreement with insurance carriers, we have an obligation to report to your insurance carrier when/if you have failed or refuse to comply. ***I am not being seen today for an auto accident or workers comp injury.*** We are not providers for HMO Blue, ProNet, Humana or Aetna.

Workers Compensation: You will need to provide our office with all information required to properly submit charges. See attached page. **SELF FUNDED PLANS WILL BE BALANCE BILLED TO THE PATIENT.**

Medicaid/CHIPS: You will need to provide our office with your current Medicaid ID Card prior to your visit with a letter from your referring physician and the referral number as required. If you do not have this information it may be necessary to reschedule your appointment until that information is provided.

MEDICARE: You will be responsible for deductibles and co-insurance amounts at the time of service if there is no secondary coverage, or if your secondary coverage does not cover these charges at 100%.

Non-Participating Carriers: We are not providers with HMO BLUE, TRICARE, PHCS, Humana and others. You are responsible for full payment of charges at the time of your visit if we do not have a participation agreement with your insurance carrier. If you provide our office with the necessary billing information for the visit, we will submit the charge on your behalf to your carrier for your reimbursement. You are also responsible for following up with your insurance carrier regarding any unpaid claims and or appeals.

Self-Pay: If you are uninsured, you are responsible for payment of charges in full at the time of service, unless you have made prior arrangements with the billing department.

Student Insurance: If your child has *Student Insurance* as primary coverage, please understand there could remain financial liability for the parent/guardian. If you have other coverage, that must be filed as primary and the student insurance files as secondary. This does not exclude you from contractual obligation from your primary coverage. **Having student insurance does not mean you will never have a personal balance.**

***WE WILL NOT MEDIATE BETWEEN DIVORCED PARENTS.
THE CHILD IS THE RESPONSIBILITY OF BOTH PARENTS
AND WE EXPECT ANY DISPUTE TO BE RESOLVED PERSONALLY.***

I have read and understand the entire financial policy. I hereby authorize treatment of the person named as the patient and agree that as the guarantor of the account, I am ultimately responsible for all charges not covered by my insurance carrier. I agree to pay all fees and charges for services rendered. I hereby authorize my physician to release any information regarding my medical condition, including disability or employment related information concerning my claims for my insurance to an authorized agent or attorney for the purpose of validating and determining benefits payable in connection with my incurred medical expenses. I also authorize direct payment of benefits to my attending physician.

Print Patient Name: _____ Date: _____

Signature: _____ Witness: _____