

PAYMENT POLICY

Thank you for choosing our practice! We are committed to providing you with quality and affordable health care. Some of our patients have had questions regarding patient and insurance responsibility for services rendered; we have developed this financial policy. Please read it, ask us any questions you may have, and sign in the space provided. A copy will be provided to you upon request.

Insurance. We participate in most major insurance plans. We will bill your insurance company as a courtesy to you. Although we may estimate what your insurance company may pay, it is the insurance company that makes the final determination.

Claims Submission. We will submit your claims and assist you in any way we reasonably can to expedite claims processing. Your insurance company may need you to supply certain information directly. It is your responsibility to comply with their request. Please be aware that the balance of your claim is your responsibility whether or not your insurance company pays your claim. Your insurance benefit is a contract between you and your insurance company; We are NOT a party to that contract.

Co-payments and Deductible. Co-payments and deductibles are not waived. All co-payments must be paid at the time of service. This arrangement is part of your contract with your insurance company. Failure on our part to collect co-payments and deductibles from patients can be considered fraud.

Non-covered Services. Please be aware that some- and perhaps all- of the services you receive may be non-covered or not considered reasonable or necessary by Medicare or other insurers. When appropriate, an Advanced Beneficiary Notice will be obtained from our Medicare patients.

Benefits. Knowing your insurance benefits is your responsibility. All patients receiving preventive care services (such as a physical) should contact their insurance prior to the appointment to confirm their available benefit and any cost share. With new regulations, many insurance carriers waive copays for the physical examination but procedures such as blood work and electrocardiograms are not processed under the same rules.

Proof of Insurance. All patients must complete our patient information form before seeing the doctor. We must obtain a copy of your driver's license and current valid insurance. It is your responsibility to provide updated insurance and demographic information at the time of each appointment.

Coverage Changes. If your insurance changes, please notify us immediately so we can make the appropriate changes to help you receive your maximum benefits. Most insurance carriers have very short filing limits. If you fail to provide us with the correct insurance information in a timely manner, you may be responsible for the full charge. Claims outside of your carrier's filing limits will not be submitted on your behalf.

Uninsured. If you are uninsured, you must discuss this with the provider's office when scheduling appointments. You may be required to complete a financial hardship assessment form. Payment will be due at the time services are rendered.

Patient Statements. 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 30 days of the statement date. Please review your billing statement for accuracy and contact us immediately at 860-714-7362 if you feel there is a discrepancy. Example—was the bill sent to the insurance in effect at the time services were rendered.

Methods of Payment. We accept payment by cash, check, Mastercard, Visa, American Express and Discover.

Non-Payment. We understand that, at times, you may have situations that make payment in full difficult. Please contact your provider's office upon receipt of your statement to make payment arrangements. Please be aware that if a balance remains unpaid, we may refer your account to a collection agency and you may be discharged from the practice.

Returned Checks. There is a fee of \$25.00 for any checks returned by the bank.

Divorce: In case of divorce or separation, the party responsible for the account is the parent authorizing treatment for the child. 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.

Worker's Compensation. We require written approval/ authorization by your employer and / or worker's compensation carrier prior to your visit. If your claim is denied, you will be responsible for payment in full.

Motor Vehicle Accident. We require verification from your motor vehicle carrier that your policy has medical payment coverage. If you do not have Med Pay, your private insurance will be billed. We cannot bill your attorney for charges incurred due to a personal injury.

Missed Appointments. We require notice at least 24 hours in advance of the scheduled appointment. Failure to give proper notice will result in a charge to your account.

Medical Record Copies. You must submit your request in writing. You may be charged a reasonable copying fee. Currently, 0.65 per page plus postage costs if the records are to be mailed. We will comply with the request within 30 days, or 60 days if the information requested is not on site.