

**OUR FINANCIAL POLICY**

**Thank you for seeking health care services from Piedmont Internal Medicine. Our highest priority is to provide you and your family with quality health care. Covering the cost of that care continues to be a challenge for all of us -- patients, employers, and providers!**

**Because payment for health care services has become increasingly complex, we find it useful to have a policy in place that helps guide us all. Please review our policy and sign a copy for our records. If you have questions, please ask . . . Thank You!**

**PAYMENT FOR SERVICES**

**If you have insurance coverage**, as a free courtesy, we will file a claim to your insurer requesting reimbursement for all covered services you receive here. You will then be responsible and billed for any allowable balance unpaid by your insurer, including co-insurance, deductibles, partially covered services, and uncovered services. If you owe a co-pay with your plan, that co-pay is due and payable at the time you receive services. An additional fee will be assessed to your account if you are not prepared to pay your co-pay on the day of service, as required. If your insurer mistakenly sends you the reimbursement for the services we billed them on your behalf, we ask that you promptly forward those funds to us to cover the services you received. Insurance guidelines require that we see proof of your insurance at each visit, so please be understanding and patient with those requests!

**If you have no insurance coverage**, you are obligated to make payment for all charges at the time of service. By doing so, you are eligible for any uninsured patient discount in effect at the time . . . please ask for details!

**If you are seen for work-related injuries and are covered under a Worker's Compensation Plan (WC)**, we will seek payment from that plan, as long as you provide us with the necessary authorization and information from your employer. Otherwise, you are obligated to make payment at the time of service and then seek reimbursement from your employer or their WC insurer.

**If you are seen as the result of a motor vehicle accident (MVA)** and plan to seek coverage under your health insurance plan, the above policy regarding insurance coverage applies. However, if you plan to seek coverage from either a vehicle insurance policy or from a third party, you are obligated to make payment for all charges at the time of service and then seek reimbursement from that third party.

**If you are seen for services requested by a school, camp, employer, insurance company, or other such 3<sup>rd</sup> party**, you are obligated to make payment for all charges at the time of service (most health insurance companies do not cover such services.)

**If you are unable to make payments** which you may owe, the Billing Staff in our Business Office can assist you with special payment arrangements, if you qualify.

**For your convenience, we accept cash, checks, and major credit cards.** (You should always retain your receipt for your records, particularly if you pay with cash.)

### **LAB FEES**

Any lab specimens we process will be billed for by the practice. Any lab specimens processed at outside reference labs will be billed for by those reference labs. (If you have an insurance company, it may dictate which reference lab we must use; accordingly, if you do not update us on your current insurance coverage and benefits, your specimens may end up at an inappropriate lab, resulting in fees for which you will be responsible.)

### **MISSED APPOINTMENT FEES**

If you are unable to keep an appointment, please notify us as soon as possible so that other patients may be served in your time slot. It is our policy to charge for missed appointments, and any such charges will be your responsibility, as insurers do not cover these fees for you.

### **OTHER SPECIAL FEES**

To cover costs and keep fees reasonable for all patients, we may charge special fees for special services that affect just certain patients, including fees for: returned checks, copying records, non-routine faxing/mail services, long distance phone calls, telephone consultations, e-mail correspondence, and completion of special forms, applications, letters, etc.

### **COLLECTION FEES**

As it is extremely costly to repeatedly attempt to collect payment from patients with delinquent balances, it is our policy to charge the following collection fees: 1) a co-pay surcharges for any unpaid co-pay; 2) monthly interest on any overdue balances; 3) a processing fee for any account forwarded to a collection agency; 4) any collection agency and/or attorney fees related to collection efforts on delinquent accounts; and 5) any other fees associated with necessary collection efforts.

### **REFERRALS**

With the spread of “managed care”, many insurance plans require “referrals” from your primary care physician to see specialists or to get special tests performed. Many plans will hold you financially responsible for services you receive without following their protocols, so it is critically important that you familiarize yourself with your plan. We have specially trained staff and protocols in place to help you obtain any necessary referrals. If you require a referral, please ask for assistance. (You will be financially responsible for referrals we give you in error based on inaccurate or outdated insurance information; thus, it is very important that you keep us updated on your current insurance coverage and any changes.)

### **INSURANCE LIMITATIONS**

If you have health insurance, note that each insurance plan varies regarding whether or not a particular service is covered, and if so, to what degree and under what circumstances. Again, since you are financially responsible for any services you receive which your insurance company chooses not to cover, it is very important that you familiarize yourself with your plan.

### **ACKNOWLEDGEMENT**

I have read, understand, and agree to adhere to the policies set forth above.

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**Patient/Guarantor Signature**

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**Date**