

Low Country Rheumatology, a Member of Articularis Healthcare Group, Inc.

Patient Financial Policy

We are committed to providing our patients with the best possible medical care and minimizing administrative costs. Please read through this policy thoroughly. If you have any questions, please call our Billing Department prior to your visit.

- We will no longer send paper statements in the mail; statements can be viewed online through our Patient Portal.
- We will collect payments at the time of service based on the patient's insurance allowable amounts, deductible, co-payment, and any portion of charges as specified by the plan at the time of visit.
 - Payment for professional services can be made with cash, check, credit, or Care Credit.
 - Patients that carry a balance after insurance is processed will receive a statement via Patient Portal.
 - Statements must be paid within 30 days upon receipt via Patient Portal, over the phone, by mail, or in person.
 - Patients that do not pay their first statement within 30 days will be required to store a credit, debit, HSA card or account on file.
 - Payment plans are available to those whose services rendered total greater than \$200 after the new patient appointment. A credit, debit, HSA card, or bank account is required to be on file for all payment plans. For balances greater than \$200, 1/3 of the balance will be drafted on the 1st day of each of the next 3 consecutive months.
 - We do not have access to the patient's credit/debit/HSA/bank information. It is stored and encrypted by a certified company that is compliant with all federal privacy laws as well as the Payment Card Industry Data Security Standards (PCI DSS). Additionally, each of our offices are PCI DSS compliant.
- As the owner of the insurance policy, the patient is solely responsible for the policies regarding their plan, to provide us with current insurance information, to notify us with any changes to insurance coverage, and to bring his/her insurance card to each visit. If we do not have the correct insurance information, the patient is responsible for the bill.
- If the patient believes the insurance denied or processed the claim in error, please call us immediately.
- If the patient pays more than they are responsible for before insurance is processed, we will apply the credit to the patient's account and it may be used at the next visit or receive a refund of the overpayment.
- Our Billing Department will submit a claim for services rendered for patients who are beneficiaries of insurance companies our practice participates with. All necessary insurance information, including any forms, must be completed by the patient prior to leaving the office. If a patient has insurance in which we do not participate, our office will file the claim upon request; however, payment in full is expected at the time of service.
- If the patient's insurance company requests additional information from the patient, it is important to reply to their requests in a timely manner. If the insurance company does not pay the claim in 45 days, the balance is billed to and becomes the responsibility of the patient.
- Financial assistance is available for qualified patients. If a patient feels that he or she may qualify for assistance, the Front Desk Receptionist should be notified. Patients who do not have insurance are expected to pay for professional services at the time of service unless prior arrangements have been made with us.

Patient/Guardian Signature: _____ Date: _____