
LOW COUNTRY RHEUMATOLOGY PATIENT FINANCIAL POLICY

We are committed to providing our patients with the best possible medical care and also minimizing administrative costs. This financial policy has been established with these objectives in mind and to avoid any misunderstanding or disagreement concerning payment for professional services.

- As the owner of your insurance policy you are solely responsible for the policies regarding your plan.
- Our practice participates with numerous insurance companies. For patients who are beneficiaries of one of these insurance companies, our billing office will submit a claim for services rendered. 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 is happy to file the claim upon request; however, payment in full is expected at the time of service.
- There is a mandatory deposit of \$50 for all existing non-insured patients and \$250 for new non-insured patients. This deposit will be applied to all charges incurred during your visit. If you are unable to make a deposit your visit may be rescheduled.
- It is the patient's responsibility to pay any deductible, copayment, or any portion of the charges as specified by the plan at the time of visit. Payments for medical services not covered by an individual's insurance plan are the patient's responsibility, and payment in full is due at the time of visit.
- Payment for professional services can be made with cash, check, or credit card.
- Financial assistance is available for qualified patients. If a patient feels that he or she may qualify for assistance, the practice receptionist should be notified for referral to the appropriate individual. 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.
- It is the patient's responsibility to ensure that any required referrals or pre-certifications for treatment are provided to the practice prior to the visit. Visits may be rescheduled, or the patient may be financially responsible due to lack of the referral or authorization from their insurance company.
- It is the patient's responsibility to provide us with current insurance information and to bring his/her insurance card to each visit.
- Any patient who no-shows 2 appointments or cancels 2 without giving a 72 hour notice, cannot be rescheduled without a \$50 deposit by credit card.
- If a patient cancels or no-shows 3 times in a calendar year, they will be discharged from the practice.
- It is the patients' responsibility to keep up with their appointment times. We send automated calls as a courtesy reminder.
- It is the patients' responsibility to obtain any referral authorization need for their office visit. If a patient shows up for their office visit without an authorization, they can pay a \$25 fee for us to obtain the PA or reschedule after they receive the PA.
- Our staff is happy to help with insurance questions relating to how a claim was filed, or regarding any additional information the payer might need to process the claim. Specific coverage issues, however, can only be addressed by the insurance company member services department. (Telephone number is printed on the insurance card.)
- If you insurance company request additional information from you, it is important to reply with their requests in a timely manner considering that the balance of your claim and bill is ultimately your responsibility whether or not your insurance company pays your claim. If the insurance company does not pay your claim in 45 days, the balance is billed to and becomes the responsibility of the patient.
- It is your responsibility to notify us with any changes to your insurance coverage, and to make sure we have the proper insurance information. If we do not have the correct insurance information, you are responsible for the total bill.

Our practice firmly believes that a good physician-patient relationship is based upon understanding and good communications. Questions about financial arrangements should be directed to the medical practice. We are here to help you.

PATIENT/GUARDIAN SIGNATURE: _____

DATE: _____
