

Dear Patient,

We would like to inform you of the changes to our financial policy effective April 30, 2018.

Low Country Rheumatology, a member of Articularis Healthcare, Inc., has implemented this policy to sustain trends and changes of the industry. Over the years, healthcare has experienced a shift in financial liability, in part, due to an increase in the number of individuals enrolled in high-deductible health plans. With this updated policy our practice will be more transparent in billing and pricing, allowing patients to prepare for health care expenses just like other services paid out-of-pocket. This policy will additionally reduce administrative costs associated with billing, our environmental footprint, and will allow our practice to continue serving the community.

Please be assured we are making every effort to ensure we can continue to provide quality medical care and remain fiscally sound for our community. We know you have choices when it comes to selecting a physician for your rheumatologic care and we sincerely appreciate your decision to allow us to participate in your health care needs. We value you as a patient of our practice and we are dedicated to providing you with quality health care. If at any time you feel the need to discuss your health care or the operations of our practice, please do not hesitate to contact our Director of Patient Education and Advocacy at 843-572-4840 extension 7082.

Please read through the attached policy thoroughly. If you have any questions, please call our Billing Department prior to your visit.

Sincerely,

Low Country Rheumatology

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

## Patient Financial Policy- **Effective April 30, 2018**

We are committed to providing our patients with the best possible medical care and minimizing administrative costs. This financial policy has been established with these objectives in mind and avoid any misunderstanding concerning payment for professional services. Our practice firmly believes that a good physician-patient relationship is based upon understanding and effective communication. Please read through this policy thoroughly, as it has changed. If you have any questions, please call our Billing Department prior to your visit.

- We do not send bills to our patients. We do our best to collect the correct amount at the time of service.
  - Payment for professional services can be made with cash, check, credit, or care credit.
- 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.
- Our practice contacts the patient's insurer(s) to verify benefits prior to each visit to determine what amount the insurance does not pay for, and we will collect that amount at the time of the patient's visit.
  - 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.
- If the patient's insurance does not pay/denies the claim, or they pay less than they told us they would, we will charge that amount (up to \$200) to the patient's credit card on file\*. If the patient believes the insurance denied or processed the claim in error, please call us immediately- *before* we charge the patient's credit card- so the patient can discuss the claim with the insurance company. For amounts over \$200, we will call the patient before charging the card.
  - We do not have access to the patient's credit card number. It is stored and encrypted by a certified company that is compliant with all federal privacy laws.
- If the patient pays more than the patient is responsible for before insurance is processed, we will apply the credit to the patient's account and the patient may use it at their next visit or receive a refund of the overpayment.
- Our practice participates with many insurance companies. For patients who are beneficiaries of one of these insurance companies, our Billing Department 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 will file the claim upon request; however, payment in full is expected at the time of service.
- Our Billing Department 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 (their telephone number is printed on the insurance card).
- If the patient's insurance company requests additional information from the patient, it is important to reply with 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 practice 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.

\*Does not apply to individuals with Medicaid.

### Financial Agreement:

*I authorize Articularis Healthcare, Inc. to charge my credit, debit, or HSA card on file for any balance that is owed after insurance and point of service (patient) payments for a particular date of service have been applied to my account. This authorization is valid without any additional consent on my part, up to an amount of \$200. For balances over \$200, I agree to recurring payments, using the specified card on file, of 1/3 of the balance due on the 1<sup>st</sup> day of each of the next 3 consecutive months.*

Patient Name (printed) \_\_\_\_\_

Patient/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_