



FINANCIAL POLICIES

Thank you for choosing us as your healthcare provider. Our main concern is that you receive the highest quality care to maintain or restore your health. The financial arrangements we make regarding this care should be clear up front, and are as follows:

- 1 Your insurance policy is a contract between you, your employer, and your insurance company; we are NOT a party to that contract. Our relationship is with you, not your insurance company. We file claims with insurance companies as a courtesy to you. We may not be affiliated with all insurance companies, so ask before services are rendered if we are able to file claims with your insurance.
- 2 Deductibles and co-payments are required by your insurance company, and agreed upon by you when you accept their insurance. We also must contract with insurance companies, agreeing to collect co-pays and deductibles in order to participate with their plans. Co-pays must be collected at the time services are rendered. There will be a \$15 fee for billing your co-pay if not paid on the day of service.
- 4 Your insurance company will send you an “explanation of benefits,” “processed claim report” or some other document showing what we charged and what they paid for services rendered in our clinic. This is NOT a bill or statement from us. We receive a similar document and must process this information, review the claim, and re-file the claim if needed. As a result, statements are often delayed a couple of months as we attempt to collect from your insurance company. If no payment is received after this process, the balance will be your responsibility and you will receive a statement.
- 5 All charges are your responsibility whether or not your insurance covers them. Some services may not be covered by all insurance policies, and most services are subject to usual and customary fees. It is your responsibility to know what your insurance plan covers.

- CONTINUED ON BACK -

Signing below indicates that you have read this form (front and back), understand our financial policies and agree to follow them. If you have questions about our financial policies, please ask us to explain them further. Again, thank you for choosing us as your health care provider. We appreciate your trust and the opportunity to serve you.

Patient/Guardian Signature

Patient Name

Date

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- 6 If you have an unpaid balance over 60 days you will be required to pay your balance before being seen in our office.
- 7 Self pay patients must pay for services in full at the time services are rendered.
- 8 Returned checks are subject to a \$30 fee to offset the fee charged by our bank, as established by law. This is in addition to the payment that was being made by the returned check. We reserve the right to contact the Lee County District Attorney's Worthless Check Unit for assistance collecting these payments pursuant to Section 12A-9-13.2 of the Code of Alabama.
- 9 Patients who miss appointments or cancel with less than 24 hours notice will be charged a \$20 fee. This fee must be paid before a new appointment is scheduled. Patients with three missed appointments will be asked to find another doctor. Patients who arrive, but leave before being seen by the doctor, will be charged the minimum level office visit plus any labs or services that were done.
- 10 If your records must be sent to another doctor or organization, we require a signed, written request and a copying fee (\$1.00 per page for the first 25 pages and \$0.50 per page thereafter). The records request form is available at our office or on our website, and is a HIPPA requirement.
- 11 In case of divorce or separation, the party responsible for the account prior to the divorce or separation remains responsible for the account. After a divorce or separation, the parent authorizing treatment for a child will be the parent responsible for those subsequent charges. 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 that amount from the other parent.
- 12 If your insurance requires you to be seen by your primary care physician before being referred to another physician, it is your responsibility to schedule this ahead of time (ex. Blue Cross Blue Shield Point of Service plan offered by East Alabama Medical Center. With this plan, your primary care provider must generate ALL referrals for any specialist, ER visit, x-ray study or outpatient procedure or the claim will be denied and the cost will be entirely your responsibility (the only exception is a single annual gynecologic screening visit). If a specialist recommends another doctor or test, you must still get the referral from your primary care doctor or the claim will be denied and the cost will be entirely your responsibility. Referrals must be made before a visit; however backdated referrals may be made in emergency situations—you must contact our office within 48 hours for a backdated referral or the claim will be denied and the cost will be entirely your responsibility. Don't hate the messenger—this is your insurance policy and it works well as long as everyone knows the rules. Discuss these rules further with your employer's Human Resources officer.)
- 13 Every effort is made to file office visits correctly, but there are hundreds of insurance plans covering various services arbitrarily. YOU need to know what YOUR policy covers, and communicate this to your doctor so the encounter is filed correctly. If a service is not covered by your insurance, you will still be responsible for the charge. Well office visits and vaccines are particularly vulnerable for being denied by insurance plans. If your insurance covers an annual well visit at 100%, YOU need to notify your doctor at the time of service so that the encounter is filed as a well visit.