



# Reid Health Physician Associates

## PATIENT FINANCIAL POLICY

Thank you for choosing Reid Health Physician Associates as your health care provider. We are committed to building a successful physician-patient relationship with you and your family. Please understand that payment for services is a part of that relationship. The following is a statement of our Financial Policy, which we require you to read and sign prior to treatment.

**PATIENT INFORMATION:** A fully completed, current patient registration will be on file in the patient chart during the time in which the patient is considered an active patient. Patient registration will be updated by the patient yearly and will include a phone number at which we can reach the patient. A signature by the responsible party is required.

### INSURANCE CLAIMS:

**Primary Insurance:** We will file claims with the patient's health plan upon the patient's submission of proof of insurance (*i.e.*, insurance/government card indicating coverage, identification number and group number). In the event the patient has insurance coverage but cannot provide documentation, we expect payment at the time of service. Upon receipt of the insurance card, we will submit the health insurance claim form indicating patient payment at the time of service.

**Secondary Insurance:** Claims will be filed with secondary insurance if adequate information is received at the time of service. However, if payment is not received in our office within 45 days of us filing the secondary claim we may transfer financial responsibility to the patient and the balance will be due upon receipt, provided the secondary insurance allows this.

**Medicare Patients:** We are a participating provider for Medicare Part B (Physician Services). We expect you to pay your Medicare deductible and/or any services provided but not covered by Medicare. We will bill Medicare and your supplemental insurance directly.

**Medicaid Patients:** We provide care for many Indiana and Ohio Medicaid patients. Medicaid patients are required to present a valid Medicaid card upon registration for each appointment. Patients who are required to meet a "Spend Down" will be financially responsible at the time of service for services rendered until their "Spend Down" liability is met. Questions regarding your individual benefits should be addressed with your caseworker.

**PATIENT FINANCIAL RESPONSIBILITY:** If no insurance is to be filed by us, or if we are not a participating provider in your insurance plan, **full payment is expected at the time of service.** If necessary, we can set up a payment schedule. Payment arrangements will be made with a signed Payment Agreement and the approval of the Practice Manager and/or Director.

Co-payments, deductibles, co-insurance and payment for non-covered services are due at the time of service. We accept cash, checks and credit cards. We also accept Reid employee Proximity badges.

**MINORS/DEPENDENTS:** We require the consent of a responsible party before treating children under the age of 18. The parent or guardian of the child will be asked to sign a consent statement on a separate form.



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**WORKERS' COMPENSATION:** You must verify that your provider is approved to provide care under your employer's workers compensation plan.

If applicable, Workers compensation will be filed if the patient notifies us when scheduling the appointment and supplies billing information at check-in. Details of the accident will be required and a separate workers' compensation form must be completed.

**METHOD OF PAYMENT:** Acceptable methods of payment are cash, check, VISA, MasterCard, Discover and American Express. Debit/credit card payments can also be accepted by phone, fax or online.

A fee of at least \$30 but no less than the amount charged by the bank will be added to the patient's account per submission in cases of returned checks for non-sufficient funds (NSF).

**PAST DUE ACCOUNTS:** Outstanding balances after insurance payment will be invoiced to the responsible party on a statement. Payment is due upon receipt of the statement.

Prolonged delinquency in payment may result in preparation of account for small claims court, collection agency and/or credit bureau reporting with possible discharge from the practice.

In the event an account is turned over for collection the person financially responsible for the account will be responsible for all collection costs including interest, collection fees, and reasonable attorney fees and court costs.

A patient may remit in full for all outstanding charges owed on account including amounts previously placed with the collection service. Under these circumstances, a physician may reserve the right to re-establish the patient to active status in the practice.

**MISSED APPOINTMENTS:** We request the courtesy of a 24-hour notice of cancellation. Failure to adhere to this request may result in decreased availability of times for scheduling your future appointments.

**ACCOUNT CONSULTATION:** Physicians do not discuss financial issues. Our central billing staff and this office staff are trained to discuss your account and make payment arrangements. They will be happy to help you, but if you need further assistance please ask to speak with the Practice Manager or call the Central Billing Office at 765.935.8895.

**MEDICAL RECORDS:** If you need us to transfer your records to another physician, please contact us. We will provide you with the forms required to process this request.