NORTH CITY MEDICAL

PATIENT FINANCIAL POLICY

North City Medical thanks you for placing your trust in us as your health care provider. Our goal is to deliver the highest quality care in the most cost-effective manner and to maintain a strong, successful physician–patient relationship with you and your family. Achieving these goals depends greatly on your understanding of our financial policy.

Insurance Billing

- As a courtesy, we will verify your eligibility and file insurance claims on your behalf if you provide us with proof of insurance to include your insurance card indicating coverage, identification number and group number. In the event you have insurance coverage, but cannot provide documentation, payment is due at the time of service. You will then have 30 days to provide our office with the proper insurance information in order to file your claim(s). You will not receive a refund until your insurance company processes the claim(s).
- Secondary insurance claims will be filed with secondary insurance if adequate information is received at the time of service. However, if secondary insurance payment is not received in our office within 45 days after filing, the responsibility will be transferred to the patient and due upon receipt.
- If no insurance is to be filed by us, or if we are not a participating provid er in your insurance plan, full payment is expected at time of service. Payment arrangements can be made for certain procedures only upon approval of the Business Office and a signed payment agreement.
- Children under the age of 18 will require the signature of a responsible party on the registration form unless they can show proof of emancipation.
- At your initial visit and annually thereafter, you will be asked to complete/update a patient information form. A Signature by the responsible party is required.
- Please bring your insurance card(s) with you to every visit. We want to help you receive the maximum allowable benefits from your insurer. In order to do so, we must have accurate and complete insurance information on file for you.
- It is your responsibility to understand what services are covered under your policy, and which providers participate in the plan or network you have chosen.
- Our practice will not bill auto insurance companies, attorneys, or any third- par ty liabilities for any medical services you receive. You will need to pay for services at the time of your visit or we will file with your medical insurance. If at any time your medical insurance would not pay for these services or take their money back due to it being an auto accident, you will be responsible for the bill in full. You may phone our billing office to get an Itemized receipt that you may present to the auto insurance company or attorney to get reimbursed if needed.
- Payment in full of your co-pay is required at time of service. If you cannot pay your co-pay, you may be asked to reschedule the appointment.
- Many Managed Care plans require you to obtain a referral prior to seeing a specialist. It is your responsibility to obtain this referral if required. Without a referral, your appointment may be rescheduled.
- A waiver stating you accept financial responsibility for your account balance must be signed if your insurance company cannot verify coverage of a specific service or if you do not have the necessary referral from your insurance company.
- As a participating provider of Medicare Part B (Physician Services), our office will only bill you for your Medicare coinsurance, deductible, and any services rendered but not covered by Medicare. All other

services will be billed directly to Medicare. If you have Medicare Part A only, then the services you receive from our practice will not be covered by Medicare. We will not file with Medicare and the charges will be your responsibility unless you have other insurance coverage.

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- Note: You will be informed of services not covered by Medicare prior to these services being rendered. Your signature upon the appropriate Medicare Waiver (ABN) form represents your authorization for the physician to perform these services and your acceptance of the financial responsibility for these services.
- In the event your insurance company inadvertently mails payment for our services to you instead of our office, we would expect that you would endorse the check and return it to our office for processing of the payment and credit to your account immediately.
- Our practice files all claims with your (legal name) and date of birth that were provided to us. In the event that your insurance company denies claims for these reasons it is your responsibility to have this corrected with your insurance. Until the correction(s) are made and we are paid for our services you will be billed the unpaid balances.

Self-Pay

- If no insurance information is provided at the time of service, your account will be considered self-pay and payment is due on that service date. We require all new patients, who do not have insurance, to pay by cash, credit card, or money order for their first and subsequent visits. A discount is offered for same day payments.

Workers' Compensation

- If you are being seen for a work-related injury, we will need documentation from your employer to confirm they want the visit to be considered under worker's compensation with instructions and how to bill for your services. If we do not receive this, you will be responsible for payment at the time services are rendered. We must have your caseworker's name, phone and fax numbers and authorization for specified visit (s) prior to your appointment.

No Show Appointments and Other Fees

- Effective January 1st 2017, Patients who do not show up for their office appointment without a call to cancel that appointment will be considered as **NO SHOW**. We understand that situations arise in which you cannot make it to your scheduled appointment. It is therefore requested that if you must cancel your appointment, you provide more than 24-hour notice. This will enable for another person who is waiting for an appointment to be scheduled in that appointment slot. With cancellations made less than 24-hour notice, we are unable to offer that slot to other people. Patients who No-Show two (2) or more times in a 12-month period, may be dismissed from the practice thus they could be denied any future appointments. Patients may be charged **a $50.00 fee for an office appointment No Show.** The No Show fees are the sole responsibility of the patient and must be paid in full before the patient's next appointment.

- Forms**:** The fee for completing Family Medical Leave or Disability forms is $25. This fee is per patient, per form.

Payment Options

- Acceptable methods of payment include cash, check, MasterCard, Visa and Discover. Credit card payments may be accepted by phone. Our practice does not keep credit card information on file.
- Your health insurance benefit is a contract between you and your insurance carrier. Therefore, the obligation to ensure payment is with you. As such, you are contractually obligated to pay your co-pay at the time of your office visit.
- You should receive a response from your insurance company within 30 to 45 days. This will be in the form of an EOB letter (Explanation of Benefits) sent to you at the address your insurance company has on file for you. If you do not receive this in a timely manner, we encourage you to contact your insurance company for the status of the claim. Doing so will help ensure your claim(s) are paid timely and will help you avoid problems with your account.

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- Your insurance company may contact you directly by mail for additional information prior to your claim being paid. It is your responsibility to provide the information in a timely manner. Failure on your part to comply with your insurance company's request for additional information will result in denial of your claim(s) getting paid and can cause your account to become delinquent and could result in collection proceedings against you.

- You may contact our billing department at 317-885-2870 if you have questions or need assistance.

- In the event of an overpayment of your coinsurance or deductible, a refund will be processed.

- Patient statements are mailed on a monthly basis. If you do not receive a statement, please call the billing department.

- Services not covered by insurance or balances remaining after the insurance has processed the claim are the responsibility of the patient and are due immediately.

- Accounts with past due balances greater than 90 days old from the date of service are at risk for collection proceedings. We value our patients and make every attempt to work with them. However, when a patient makes no attempt at payment or communication with us, we have no alternative but to initiate collection proceedings. This may include one or all of the following: forward the past due account to an attorney, proceed to small claims *court,* garnishment of wages, reports filed with the three major credit bureaus. The options mentioned above can significantly and adversely impact your credit rating. Sending your account to collections, could also result in your being dismissed from the practice.

- If you find that you are unable to meet your financial obligation to North City Medical**.** Please contact our billing office ASAP to make payment arrangements. You can call 317-885-2870, to make these arrangements or to arrange a credit/debit card payment by phone.

- Co-pays will be collected at the time of the visit

- For your information the cost for a new patient consultation or office visit generally ranges from $84 - $305, if you are uninsured, you might be responsible. Diagnostic tests such as X-Rays, laboratory, EKG, injections, pulmonary tests are not included in the consultation or office visit fee

Monthly Statements

- We will send you a statement of balances not paid by insurance monthly. The statement is generated after we have received an explanation of benefits from your insurance company. The payment of this balance is due 15 days from the statement's date.

- Payment can be made by cash, check, money order, MasterCard, Visa or Discover

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- Delinquent accounts may be referred to a collection agency. Lack of payment may result in dismissal 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 reasonable attorney fees and court costs.

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Signature requested here to indicate that you have read, understand and accept the terms of the financial policy and you agree to authorize assignment of your insurance rights and benefits directly to the provider for services rendered. You fully understand you are solely responsible for any balance not paid by your insurance company. I hereby authorize assignment of my insurance rights and benefits directly to the provider for services rendered. I hereby designate North City Medical and its employees and agents to act as my representative to file grievances with my insurance company and to represent me with regards to claims, benefits, and other matters that may arise in accordance with the Code, Title 27, Chapters 8, and 13. I fully understand I am solely responsible for any balance not paid by my insurance company.

Patient/Guarantor Signature Date

Signature requested here to give consent to wireless telephone calls and/or email contact: “If at any time I provide a wireless telephone number and/or email address at which I may be contacted, I consent to receive calls, text messages and/or emails including but not restricted to communications regarding billing and payment for items and services, unless I notify the facility to the contrary in writing. Calls, text messages and other forms of electronic communication include but are not restricted to pre-recorded messages, artificial voice messages, automatic telephone dialing devices or other computer assisted technology, or by electronic mail, text messaging or by any other form of electronic communication from this facility and our associated affiliates,” in accordance with the Federal Code 47 U.S. Code 227. Thank you

Patient/Guarantor Signature Date

NOTE: Please sign both lines and return only the signed page to be included in your medical record.

Thank you