

### FINANCIAL POLICY

We are dedicated to providing our patients with the best possible care and service, while keeping the cost to you from rising at unreasonable rates.

We ask for your help by understanding and cooperating with our **FINANCIAL POLICY**.

*It is important for you to understand that health insurance coverage is an agreement between you and your insurance company.*

**AND**

*Your doctor's bill for services provided is an agreement between you and your doctor.*

**YOUR RESPONSIBILITY:** Our Physicians participate with several insurance companies. It is *your* responsibility to call your insurance company to verify that the doctor you are seeing is participating.

If we do not participate with your insurance company, we will bill your insurance carrier as a courtesy to you; however, we will expect payment from you. If you do not have valid insurance information, or we cannot confirm coverage, we will consider you "self-pay" and ask for full payment.

All co-payments or payments for non-covered services are the patient's responsibility and will be collected by our staff at time of service.

**PRIMARY CARE OFFICES:** If you are required to choose a Primary Care Physician ("PCP"), be sure that you have chosen one of the Physicians in the office where you have an appointment. You must contact your insurance company prior to scheduling an appointment to make this PCP selection. If your insurance company requires referrals for services at a Specialist's office, please allow five (5) business days for non-emergency services prior to seeing that specialist or facility. If you go to the Specialist's office without a referral, you may be responsible for the entire bill.

**SPECIALIST OFFICES & REFERRALS:** If your insurance company requires a referral/authorization from the Primary Care Physician, be sure that you have obtained a valid referral/authorization prior to your appointment. If you do not have a valid referral/authorization, you may be asked to reschedule. You agree to be responsible for payment of your account regardless of referral status.

You understand that it is your responsibility to know and abide by the terms of your benefit coverage including but not limited to properly securing referrals for specialized care before making appointments. You also understand that you are responsible for full payment for services provided if you fail to supply all required referral forms.

#### **PAYMENT FOR SERVICES PERFORMED:**

1. Our office accepts Visa, MasterCard, Discover and American Express, as well as Cash, Debit Cards and Personal Checks for payment of services.
2. Any co-payments required by an insurance company must be paid at the time of service. This is an insurance requirement; we cannot bill you for these.
3. All payments are expected at the time of service. Should your account require the action of a collection agency, you would be financially responsible for all collection and legal fees that our office incurs through the process utilized to collect the outstanding delinquent balance.

**RETURNED CHECK FEE IS \$30**

**CHARGES TO ACCOUNT:** We shall have the right to cancel your privilege to make charges against your account at any time. Future visits would then need to be paid at the time of service.

**MISSED APPOINTMENT FEE:** Patients who do not show up on time for an appointment, or fail to reschedule or cancel with less than 24 hours' notice will be charged a \$25.00 fee. This charge will not be reimbursed by your insurance. Patients with three missed appointments may be asked to transfer their records to another doctor.

**MISSED TEST FEE:** Patients who do not show up on time for a scheduled office based test, or fail to reschedule or cancel with less than 24 hours' notice will be charged a \$150.00 fee. This charge will not be reimbursed by your insurance.

**MISSED PROCEDURE FEE:** Patients who do not show up on time for a scheduled procedure, or fail to reschedule or cancel with less than 48 hours' notice will be charged a \$250.00 fee. This charge will not be reimbursed by your insurance.

**RELEASE OF RECORDS:** If you require a copy of your records for personal use, you must submit a request and pay a copying fee of \$1.00 per page up to a maximum of \$100.00.

Copies of records, including payment history, will be provided at no charge to other healthcare providers pursuant to a valid HIPAA authorization\*.

**RIGHT TO AMEND:** You understand and agree that BHMG may amend the terms of this Financial Policy at any time without prior notification to the patient.

\*Valid HIPAA Authorization: Please note that certain information (e.g., HIV, alcohol and/or substance abuse, mental health treatment records, genetic information, family planning) require confidentiality protections. Questions concerning the disclosure of this information should be brought to the attention of the Privacy Officer.