

OFFICE FINANCIAL POLICY

The following guidelines are provided so that you understand your responsibility regarding the charges for the services rendered to you by this office.

Medicare:

1. We are Medicare participating providers. We will bill Medicare and Medigap carriers. You will be responsible at the time of service for payment of:
 - o The annual deductibles, co-payments and for any charges for non-covered or cosmetic services*

*You will be asked to sign an Advanced Notice of Liability Form (ABN) in the event that a service is provided which we know is not covered by Medicare. .
2. If you have Medicare, as well as secondary coverage with a commercial plan that is not Medigap or is an insurance company which we have no contract, we will file a claim to your secondary/supplemental carrier. If no payment is received from your secondary/supplemental carrier within 60 days after we file a claim, **you will be sent a bill and will be responsible for the balance.**

Commercial Insurance (Participant):

1. If we participate (are contracted) with a commercial insurance plan under which you are covered, we will bill the carrier for all covered, medically necessary services rendered. We will bill both your primary and secondary insurance plans for contracted plans. You will be responsible at the time of service for payment of:
 - o The annual deductibles, co-payments and for any charges for non-covered or cosmetic services

In the event that you, as the patient, or we, as the providers, are not aware of a charge that is not covered by your plan, you will be balance billed after we obtain a denial from your insurance carrier.

2. **It is your responsibility to arrange any needed referrals prior to the date of your appointment. If you do not have the necessary referral you will be given the option to pay for your visit (on the date of service) or you will not be seen.**

Commercial Insurance (Non-participant) or Non Insured:

3. For non-Medicare patients who have insurance coverage with an insurance carrier with which we do not have a contractual relationship or if you are not insured, please note the following:
 - o Your entire balance is due at the time of service.

All Patients

If payment is not received after any portion of your balance becomes more than 90 days past due you may receive a *Final Notice* statement. Failure to pay the full balance owed after a *Final Notice* has been sent may result in legal action and/or you may be discharged from the practice.