



Financial Policy

We accept all major credit cards, debit cards, checks, check cards, and cash.

Insurance and insurance collection: Please understand that insurance reimbursement can be a long and difficult process for a medical office. In fact, insurers will routinely stall, deny, and reduce payments. To that end, our billing staff has undergone extensive and rigorous training to maximize your insurance reimbursement, while reducing the time by which they pay.

PPO and HMO plans: If we have contracted with your PPO plan to be a provider then we must obey the rules they have established with contracted providers. Your insurance determines your plans benefits, coverage, co-pays, coinsurances, payments, and rates. You are responsible for knowing each of these costs as determined by your insurance.

____ (initial here) I understand that my insurance has determined the amount of copay and that I am responsible to pay my copay for each visit according to the level my insurance has outlined. Some insurances do charge a higher copay for Specialists than for a PCP. Dr Warby is a Specialist.

____ (initial here) I understand that my insurance has determined the amount of coinsurance and deductible and that I am responsible to pay my portion according to what my insurance has established. Coinsurance means that your insurance pays part of the bill and you are responsible for the remainder. Deductible is the amount of money that a patient owes before the insurance will begin to pay their portion.

HMO / Referrals: Most insurances do not require a referral to see a Specialist in this area. If your insurance does require this, then you are responsible for obtaining this referral.

Medicare: Medicare pays 80% of the allowed amount. The remaining 20% may be through a secondary insurance or is the patients' responsibility. A Medicare Advantage plan means that you have signed over your traditional Medicare insurance to a private insurance company. Most of these plans have different rules and regulations than traditional Medicare. If your new plan has copays and coinsurances than these will be charged according to your new insurance plan guidelines.

Secondary Insurances: having more than one insurer does not necessarily mean that your services are covered 100%. Secondary insurers will pay as a function of what your primary carrier pays if it is part of their policy, however all insurances are different. We may bill your secondary carrier as a courtesy. You are responsible for any balance after your insurance(s) has made payment. Most secondary insurances do not pay for the copay and many do not cover the extra expenses after the primary has paid. We will work the best we can with each insurance company but we ask that each patient abides by these regulations as determined by your insurance company and pay the copay for each visit. If the secondary insurance does pay for the copay (very few do), we will gladly refund the money.

Usual and customary rates: Our practice is committed to providing the best treatment for our patients and we charge what is usual and customary for our area. You are responsible for payment regardless of the insurance company's arbitrary determination of usual and customary rates.

Divorce Decrees: This office is not a party to your divorce decree. Adult patients are responsible for their bill at the time of service.

Minor Patients: The adult accompanying the minor is responsible for full payment. For unaccompanied minors, non-emergency treatment will be denied unless permission to treat has been obtained and payment arrangements have been verified.

Interest and rebilling fees: We reserve the right to charge interest in the amount of 1 ¾% per month (21% annual rate). Interest may be charged to the amount not paid after 60 days, with a minimum of \$0.50 per month. Should collections become necessary, the responsible party agrees to pay an additional 40% collection fee, and all legal fees of collection, with or without suit, including attorney fees and court costs.

____ (initial) All Returned checks will be charged a \$25.00 fee.

The above definitions are described in general terms and are meant only to help understand the basic terms associated with insurances and billing. Please refer to your insurance manual or consult with your insurance for a complete understanding.

I authorize this office to release all requested information concerning my medical treatment to my insurance carrier(s). I further assign, authorize, and direct said agency, attorney, or insurance company to pay from the proceeds of benefits of any recovery or insurance payments in my case, directly to the provider of this office, for their professional services rendered. It is understood that the signing of this form does not prohibit customary monthly billing.

I have read the Financial Policy and do understand and agree with the policy.

Signature: _____ Date: _____

Privacy Notice Record

I have received a copy of the Privacy Standards Notice of Health Information Practices.

Signature: _____ Date: _____