

Financial Policy

Patient Name: _____ Date of Birth: _____ Acct #: _____

Our number one goal for our patients is to provide them with the highest quality healthcare as possible and to do so in an efficient and safe manner. In order to accomplish this goal, we must have financial accountability, which requires us to have policies concerning your account. Upon seeing one of our medical providers, you are agreeing to abide by the financial policies contained below:

- ❖ Each office within Physician Services, Inc. will become a Point of Service (POS) collection area for Co-pays, Self-pay, outstanding balances, and any additional fees accumulated by the patient. These fees are to be paid at the check-in with the receptionist. We accept cash, personal checks, most major credit or debit cards.
- ❖ If you do not have insurance, payment must be made in full at the time of service. A driver's license or other identification will be required for all self-pay accounts.
- ❖ Any patient, who fails to cancel an appointment with less than 24 hours' notice of the scheduled time, is considered a "no show". A no show patient is subject to a charge of \$25. This fee is not covered by insurance; you will be billed for this charge. A patient who consistently fails to present themselves for scheduled appointments is considered a chronic no show. A patient who is a no show more than three (3) times or a patient's failure to pay any outstanding balance could result in the patient being discharged from the practice.
- ❖ We do participate in most major health insurance plans, but not all. As a courtesy to our patients, we will submit insurance claims to those carriers for which we participate. However, our insurance policy is a contract between you and your insurance company. We are not a party to that contract. In order to facilitate claims processing, you must provide all current insurance policy information to our office upon each visit. Your bill is your responsibility whether your insurance company pays or not. At times, you may need to contact your insurance carrier regarding slow or non-payment of your insurance claim.
- ❖ We will provide treatment and file claims with appropriate carriers for those injuries which are work related, provided that we are given the necessary information to file such claims. Failure to provide such information or any denial of coverage will result in transferring all amounts owed from treatment to be the sole responsibility of the patient.
- ❖ For all elective procedures, we will contact your insurance company to obtain your current benefits to determine an estimated patient responsibility. 50% of the estimated patient responsibility is to be prepaid prior to the procedure.
- ❖ You will receive a monthly statement showing itemized charges and the total due on your account. This will include co-insurance, deductibles, and services not covered by your insurance policy. Any remaining balance is due in full upon receipt of your monthly statement. If you have difficulty in paying your account balance in full, please call our Central Business Office at 812-885-3453 to make acceptable arrangements.
- ❖ Failure to make your payment in full or as arranged may result in your account being turned over to a collection agency. If your account is sent to collections, it may appear on your credit report as well as result in you being dismissed as a patient. All costs associated with the collecting of a past due account will be passed on to the responsible party, including but not limited to all attorney fees, court costs, and commission costs of selected collection agency, up to and including the maximum amount allowed by law
- ❖ Returned Checks – For each NSF check, our fee is \$25.00. If we receive a NSF check, we will not accept another personal check from you until the NSF fees are paid and a payment for the returned check has been made. If we receive two (2) returned checks on an account, we will no longer accept personal checks.

We will work with you in every possible way to resolve any discrepancies with your account and/or to make acceptable payment arrangements when you contact us for assistance. If you have any questions and/or feel you are not receiving the assistance you should, please feel free to contact the Manager of our Central Business Office at 812-885-8497.