

## Regina Hill, M.D, Inc Financial Policy

Thank you for choosing Dr. Regina Hill as your healthcare provider. We are committed to providing you with the highest quality of care. Our entire staff is dedicated to making sure your paperwork is filed accurately and promptly while maintaining a stringent confidentiality policy.

**Billing Your Insurance Company:** As a service to you, we will absorb all costs in billing your insurance company. We have invested in the most up to date billing system available to make sure your claims are submitted correctly. However, if your insurance company does not reimburse us within **ninety (90)** days, we will transfer the balance to your responsibility.

**Co-Pays:** Contracting and compliance rules set forth by federal and state government require us to collect **ALL** co-pays prior to each visit. There can be no exceptions. Failure to provide co-payment at the time of service may be a breach of your insurance contract and result in termination of your coverage.

**Deductibles:** Most insurance plans require patients to pay a certain amount prior to their coverage beginning. Again, regulations require us to collect all portions of that deductible. All visits to our office are pre-certified with your insurance company and any deductible or coinsurance amounts remaining on your policy will be collected at the time of your visit for the service(s) being provided. We will accept an authorized credit card number to bill for any remaining charges incurred during your visit that were not part of the original scheduled appointment. These will be charged as soon as we are notified by your insurance company as to the amount you owe. As a courtesy, we will notify you prior to billing your credit card if the amount you are responsible for is greater than \$100.

**Referrals:** It is the responsibility of the patient for getting proper referral information prior to your appointment. If we refer you to another specialist for further treatment we will attempt to schedule and provide the appropriate referral information as required by your insurance company. However, each company has their own rules for referrals and often times the same company has different rules for different plans. It is the responsibility of the patient to make sure they have the necessary paperwork and that the physician or facility they are referred to is in their network. We do not assume responsibility for any charge to the patient as a result of a referral from our office.

**Lab Specimens:** If your medical care requires blood work or other laboratory work you may receive charges from a laboratory or hospital. Our staff has been trained to process specimens and paperwork in the manner required by our major insurance carriers. However, it is the responsibility of the patient to be familiar with their plan as to what it covers. Please let us know if your coverage changes as different insurance plans often have different labs they are contracted with. Also notify us of any special handling of your lab specimens that are required by your plan. Failure to comply with the above may result in large medical bills that are the responsibility of the patient.

**Prior Authorization:** We will contact your insurance company to make sure any surgery requiring prior authorization has been pre-certified prior to taking place. This does not mean all charges are covered 100% as most patients have a portion they are required to pay. This also has no bearing on any charges accrued as a result of your hospitalization from the hospital or other physicians who may participate in your care. A surgery that requires pre-certification will not take place unless approval has been obtained.

**Not Medically Necessary vs. Not Covered:** Most insurance companies forbid us to bill the patient for services that are determined to be not medically necessary. That is different from a procedure that is not covered. A procedure such as a tubal ligation may not be covered by your policy, but that does not mean the patient cannot elect to have the procedure done. The patient is financially responsible for any charge from any procedure that is not covered.

**Secondary Insurance:** We will be glad to bill more than one company if a patient has multiple policies. This does not mean any service will be covered 100% nor does it relieve the patient of any obligation for co-pays.

**Insurance Cards:** A copy of your insurance card must be presented prior to service. No service will be provided without an updated copy of your insurance card.

**Changing of Insurance Plans:** It is the right of the patient to choose their insurance provider and from time to time everyone makes changes in their coverage. It is the responsibility of the patient to provide us with the proper insurance identification and information. As soon as your plan changes, notify us immediately so that we can make the appropriate changes in our billing system and continue your care. You will be responsible for any charges billed to the wrong company as a result of not providing us with the proper information. We reserve the right to suspend or terminate your care as a result of providing us with improper information.

**Divorce Decrees:** Our organization is not a party to any divorce decree. Adult patients are responsible for their bill at the time of service. The responsibility for the minor rests with the accompanying adult.

**Minor Patients:** The adult accompanying a minor ( a patient less than 18 years old) and the parents or legal guardian of the minor are responsible for full payment.

**Rebilling Fees:** A statement will be sent to you once we receive payment from your insurance company. Any balance will be noted at that time. If the balance is not settled in full within 30 days of receipt of the statement, or arrangements to settle the balance have not been set up with our billing department, we reserve the right to charge a rebilling fee for each additional statement. It is our policy to charge the maximum amount allowed by state law.

**Returned Checks:** Any checks returned to our office for non-sufficient funds will be charged a \$30.00 processing fee.

**Insurance Payments:** In most instances your insurance company will send the check for the services we provide directly to us. If by chance you receive the payment for our services please notify us immediately.

**Self-Pay Patients:** We are glad to accept and treat patients without private health insurance. Payment in full will be required for all services before they are rendered.

**Collection for Accounts 90 Days Past Due:** Accounts 90 days past due are referred to an outside agency for collection, unless arrangements for payments have been agreed upon. Accounts sent to collections may show up on a credit check and affect your ability to get loans or credit cards. For patients with delinquent accounts, no medications will be phoned in and management will evaluate the possibility of terminating the patient-physician relationship.

If you have any questions regarding our financial policies or you are unable to meet the terms of your account, please feel free to contact our billing supervisor at our office to discuss the situation. All questions regarding your accounts will be answered promptly. Thank you again for choosing Regina Hill, M.D. Inc. as your health care provider.

**I HAVE READ THE FINANCIAL POLICY AND UNDERSTAND ALL CONDITIONS.**

**PATIENT NAME:** \_\_\_\_\_

**SIGNATURE:** \_\_\_\_\_ **DATE:** \_\_\_\_\_