

FINANCIAL RESPONSIBILITY NOTICE

Insurance

Your insurance coverage is a contract between you and the insurance company. *It is your responsibility to know your insurance benefits.* While we work with most insurance companies, we may not be able to collect in-network benefits from your insurance policy. Contact your insurance customer service to verify benefits. As a courtesy, we will bill both your primary and secondary insurance companies. We will submit your claims and assist you in any way we reasonably can to help get your claims processed. In order to do this, we must receive all the information necessary to bill. If the information is not supplied, you will be billed and payment in full will be your responsibility and will be expected within 30 days of receipt of statement.

Medicare

We participate in the Medicare program. You are responsible for your co-insurance, any deductibles that have not yet been met and services that are identified as patient responsibility on your Medicare Explanation of Benefits. We strive to inform our Medicare patients of services that will not be covered. We may ask you to sign an Advanced Beneficiary Notice, which lists our fee and notifies you of your financial responsibility for certain medical services.

Managed Care

Many patients are enrolled in Managed Care Products. This includes Medicaid Managed Care Programs. It is important that we have your current insurance information. Depending on individual policies, your procedure may not be a covered benefit or it may be considered out-of-network. It is your responsibility to check for optimal coverage and policy limitations, and to obtain referrals as required by your insurance company. Please contact your insurance company with questions regarding your coverage.

Patient Responsibility for Payment

Regardless of insurance, payment of your account remains your responsibility. You are responsible for payment of any portion of your bill that is not paid by your insurance plan. This includes co-payments, co-insurance, deductibles, disallowed portion or service not covered, as well as, handling, collection or attorney fees. Co-payments are due at the time of your service. If you do not have insurance, you are responsible for payment of all services. Patient due balances noted on your monthly statement are due within 30 days of receipt. If you are unable to pay the account in full, available payment arrangements may be discussed. Charges for minor children will be billed to the parent with whom the child resides. We will bill appropriate insurance if all required information is provided. We will not bill or contact a non-custodial parent on behalf of the custodial parent.

Attorney/3rd Party Liability

If you are working with an attorney or a 3rd Party Liability Carrier, we will provide them with your charges if proper authorization has been obtained. Since settlement payments from these sources are usually made directly to the patient, payment of the account remains your responsibility.