

NCDS FINANCIAL POLICY

Thank you for choosing us as your health care provider. We are committed to your treatment being successful. Please understand that payment of your bill is considered a part of your treatment.

Medical billing has become a complex issue for most Medical Practices. For that reason we have contracted with NCDS Medical Billing to perform this task for our Practice.

We assure you that NCDS will work very hard to make sure your paperwork is filed accurately and promptly. The following is a statement of our/their Financial Policy, which we require you to read prior to any treatment.

BILLING / FINANCIAL QUESTIONS

Please contact us, we will be happy to assist you.

NCDS Medical Billing (800) 556-6236

NO INSURANCE COVERAGE. If you do not have insurance, payment in full is expected at the time of service unless you have made prior payment arrangements with our billing office.

PLAN PARTICIPATION. Although this practice accepts many insurance plans, it is virtually impossible for our office to verify whether or not our physicians are covered on your particular plan. So we must ask that you confirm participating provider status directly with your insurance plan before coming in for your appointment. We will not be held responsible for non-coverage of a visit from a plan which we or a certain staff member is not part of the network. You will be expected to pay all balances.

*** Patients covered by State Medicaid must provide their current Medicaid card at every appointment.**

SECONDARY / THIRD INSURERS. Having more than one insurer **DOES NOT** necessarily means that your services will be covered 100%. Secondary insurers will pay based on the response of your primary carrier. We may or may not bill additional carriers based on NCDS's agreement with your provider. You are responsible for any balances after your primary insurance has cleared.

CO-PAY. All insurance co-pays are due at the time of service as required by your insurance company. Even if you carry a secondary commercial insurance that may cover your primary insurance co-pay, you are still required to pay your co-pay at the time of service. We **do not** bill secondary insurance for the primary carrier co-pay.

REFERRAL. If you belong to an insurance plan that requires a referral for specialist care it is your responsibility to obtain the referral from your Primary Care Physician (PCP) prior to your visit with us. Your PCP must send a copy of the referral to our office or you must bring it along with you at the time of your visit.

*** Our agreement with your plan does not allow us to see you until we have a completed referral form.**

INSURANCE & INSURANCE COLLECTION. Please understand that insurance reimbursement can be a long and difficult process for our office. In fact, insurers will routinely stall, deny, and reduce payments. To that end, our billing staff is extensively trained to maximize your insurance reimbursement while reducing the time in which they pay.

However, sometimes involvement from the subscriber (you) is essential in expediting processing and payment of a claim by your insurance plan. We would greatly appreciate your prompt attention to any materials or questionnaires your insurance company may send to you by responding to them immediately, as payment of the claim(s) may be pending your response to such inquiries.

MOTOR VEHICLE ACCIDENT. This office will only bill auto insurance for motor vehicle accidents on a case by case basis...

PATIENT ACCOUNT STATEMENT. An account balance becomes the patient's responsibility for three basic reasons:

- 1) Your insurance has paid for services and the balance remaining is member liability.
- 2) Your insurance has been billed and either denied or pended the claim(s) or not responded at all to claim submission within 60 days from the billing date.
- 3) No insurance information or **invalid** information for you exists in our files.

If you are unable to make immediate payment of your plan deductible or co-insurance, or if you do not have insurance (or services are not covered by your insurance plan) and you are unable to pay in full at the time of your visit, please discuss this matter with NCDS Medical Billing. In such situations, we are very amenable to developing creative reimbursement plans PRIOR to services being rendered. However, if prior arrangements are not made, your account may be turned over to collection when it is overdue.

You will receive a monthly statement with your account balance. If you have insurance your statement will show what has been determined to be your responsibility from the response of the carrier.

*** If your primary carrier is a managed care plan or Medicare a statement will only be mailed when there is a balance on the account that is your responsibility. Be aware that we consider the balance your responsibility even if there is a secondary carrier.**

An unpaid balance is considered past due after 45 days. If two consecutive statements have been sent to you but no payment has been received on your account to reduce your responsibility, you may receive a collection letter and be considered for further collection activity. If your account must be turned over to a third party collection agency, you risk possible damage to your credit. This action would also cause a breach in the physician/patient relationship, resulting in discharge from the practice.

The office may choose not call in any prescriptions to any pharmacy if the patient has an outstanding delinquent balance on their account.

No surgeries will be scheduled if a patient has an outstanding delinquent balance, except in the case of an emergency.

MISSED APPOINTMENTS. If you are unable to keep your appointment, we request that you give us at least 48 hours advance notice of your cancellation. There may be a fee for "no-shows."

DIVORCE DECREES. This office is NOT a party to your divorce decree. Adult patients are responsible for their bill at the time of service. The financial responsibility for minors rests with the accompanying adult.

OTHER LEGAL ISSUES. Although we may be sympathetic to your cause, we are not a party in any pending litigation you may have filed, and we expect payment in full immediately for services.

MINOR PATIENTS. Unaccompanied minors may be denied non-emergency treatment.

I, _____ (PATIENT NAME) have received, read and understand the **Financial**

Policy of _____ (PRACTICE NAME).

X _____

Date _____