

FINANCIAL POLICY

Thank you for choosing RCIPS to care for your needs. It is our goal to provide a financial policy that clearly outlines patient responsibilities. We are committed to providing you with the best possible care and are pleased to discuss our professional fees with you at any time. This policy has been established to avoid any misunderstanding concerning payment for professional services.

- PATIENT INFORMATION:** Patients must fill out patient information forms prior to seeing the provider. You are responsible for providing our office with up-to-date insurance and personal information. You must bring your insurance card and photo I.D. with you to every visit, as well as any authorization information your insurance may require. Policies change frequently and we must have these to identify correct claims processing and avoid possible payment delays from your insurance payer. Without these, you may be asked to reschedule.
- PAYMENT:** For your convenience, we accept cash, checks, and most major credit cards. Please note that there is a \$35.00 service charge for all returned checks and, if a check is returned for insufficient funds, the practice will no longer accept checks for payment from the individual.
- COPAY/DEDUCTIBLE/CO-INSURANCE:** We will collect your deductible, co-pay, uncovered services or the percent you are responsible for at the time of your visit. Please be prepared to pay at the time of check-in before you are seen by the provider. If you do not have your payment, you may be asked to reschedule. It is the patient's responsibility to know the terms of their insurance plan. If your insurance leaves a balance for patient responsibility or denies payment on your account, you will be mailed a statement. You may also pay your bill online through your patient portal. If your insurance company denies payment of your claim, contact your insurance company directly.
- MEDICAID:** Please be advised, our office can only accept Medicaid if it is secondary to another insurance payer. Patients that become Medicaid-only will have to contact their Medicaid representatives to locate a new provider to transition care to. Because Medicaid consists of several different health plans you **MUST** present the card associated with your specific plan at every visit.
- WORK INJURIES:** It is the responsibility of the patient to notify us of the insurance company address, claim, phone number, contact person, and date of injury. Until we have complete verification from your carrier, you will be responsible for all charges. Your individual health plan information will also be obtained but only used in the event your workers' compensation case is denied.
- AUTO/PERSONAL INJURIES:** Complete information, including claim number, mailing address, contact name, and telephone number, is needed at or before your initial visit. Your individual health plan information will be obtained and used in the event your claim is denied.
- CHARGES:** In accordance with AMA CPT guidelines, we reserve the right to charge for telephone calls with our medical professionals that include evaluation and management of your medical condition. We will bill your insurance for such calls, but if it is not covered by your plan, you may be responsible for the charges. Additionally, any services performed in a location other than our clinic are subject to additional charges. You will be billed separately for those services.
- TRICARE, HMO or PPO PATIENTS REQUIRING A REFERRAL:** You are responsible for making sure your visits with our office are authorized by your primary care physician or manager (PCP/PCM) and/or insurance payer. This authorization must be obtained *before* your scheduled visit. It is the patient's responsibility to make sure we have received authorization. If you do not have the proper authorization, your appointment may be rescheduled.
- SELF-PAY:** This category includes patients who have an insurance plan with which we do not participate or lose their health insurance and are in the process of obtaining new coverage. To become self-pay the patient account will be reviewed and must be approved by management. If you have insurance coverage, but do not want our office to bill your payer, you will be asked to sign a Self-pay Election Form. A Good Faith Estimate for visits and receipt will be provided.
- APPOINTMENTS:** Should you need to cancel or change your office visit appointment we require 24 hours' notice or you may be subject to a fee. By signing below, you agree that you are financially responsible for any charges incurred for missed appointments in which the required advanced notice was not given. Refer to *General Office Policy* for more details on Appointments.

11. **PAST-DUE ACCOUNTS:** If you do not pay in a timely fashion, your account may be placed into Bad Debt status and no appointments will be scheduled until paid in full. If you fail to meet the financial obligations agreed upon in this financial policy or have not made other payment arrangements with our billing department, your outstanding balance may be sent to a collection agency. You will be required to pay your entire balance before being scheduled for any future appointments. We understand that there may be times and circumstances that come up where you are unable to pay your entire bill. In these situations, it is very important that you contact our billing office at (318) 797-5848 option 4 so a financial representative can assist you in setting up a reasonable payment plan and to keep your account in good standing. The provider and/or practice manager must approve payment plans and discounts. Payment arrangements are understood and agreed upon by the patient and provider prior to services being rendered.

As a Final Note:

Your policy is a contract between you and your insurance company. We are not a part of that contract and cannot guarantee payment by your insurance carrier. If your insurance plan does not pay for all services or denies coverage, you will be fully responsible for all contracted fees due. Dissatisfaction with your insurance company does not constitute reason to withhold payment of your account with RCIPS. We do accept assignment of your benefits; however, please be aware that some or all of the services provided may be a non-covered service under your plan. You will be responsible for these non-covered charges. In the event that your insurance coverage relates to a plan where we are not a participating provider, you will be 100% responsible for all charges incurred.

If you have any questions regarding this financial policy, please call *BEFORE* you are seen. Our business office is prepared to answer any questions you may have at (318) 797-5848 option 4.

ACKNOWLEDGEMENT

My signature below verifies that I have read and understand the *Financial Policy* outlined above and that a copy of the policy is available to me upon my request.

Patient Signature

Date Signed