

## **Billing Policy**

The physicians of Vascular & Interventional Specialists of Orange County, Inc. (VISOC) provide medical services in good faith with the expectation they will receive payment for those services from their patients.

In order to clarify our position with regard to receiving payment, we have provided this information to outline our financial policy.

### **Your Medical Insurance:**

Your medical insurance policy is a contract between you and the insurance carrier. VISOC is not a party to that contract. Your coverage, the requirements for pre-authorization, pre-certification, second surgical opinions, deductibles, co-payments and co-insurance are all defined in your policy. You are responsible for reading, understanding, and following the procedures outlined in your policy handbook. We will be happy to assist you when and where we can with specific questions and concerns. *Your employer or the federal government determines the range of benefits eligible to you.*

### **Who is Responsible?**

You are responsible for all charges, whether they are incurred in the hospital, office or an ambulatory surgery center from the date of service. As a courtesy, we will file all claims for our service with your primary insurance company. If you have secondary insurance, we will automatically file a claim with them as well. Once we know your insurance has been paid in full, the remaining portion of the bill is then transferred to a patient payment responsibility category. *Accurate, up to date information is the patient's responsibility. Inaccurate information may result in limitations to assisting you. This may result in our request for immediate payment.*

**Assignment of Benefits:** We will require all patients to sign a copy of our patient registration form that assigns insurance benefits to be paid directly to VISOC. In the event your insurance company sends payment directly to you, it is your responsibility to sign the check over to VISOC.

### **Copayments, Deductibles, and Coinsurance:**

VISOC contracts with many area HMO's, PPO's, EPO's and various insurance companies and government agencies including Medicare. Because of our contractual obligation with these various plans, we agree to accept a percentage of billed charges as payment in full. However, the patient will often have financial responsibility for a percentage of these charges. *Co-payments must be paid at the time of the office visit.* We cannot waive any co-payments, deductibles or coinsurance amounts defined as patient responsibility under the terms of our contract with these various plans. In fact, such a waiver may violate state and federal laws. For patients with deductibles that have not been met, we will require payment at the time of the office visit. For your convenience, we accept Visa, MasterCard, Discover and American Express.

### **Cancellation Policy for Venous/Varicose Vein Procedures:**

If you cancel an electively scheduled Venous/Varicose vein procedure within one week of surgery, you will be personally charged \$200. In addition, if you cancel an electively scheduled sclerotherapy (vein injection) session within one week of the office procedure, you will be personally charged \$100. An imprint of your credit card will be obtained at the time of surgery scheduling in order to ensure that we receive payment for the cancelled procedure. For your convenience, we accept Visa, MasterCard, Discover and American Express.

### **Prior Authorization and Referral Forms:**

If your medical insurance plan requires you to have a referral form prior to being seen by one of our doctors (a specialist) and you come to our office to be seen without the form, we will not be able to see you. We realize this is an inconvenience, but without the referral form the physician will not be reimbursed. If you wish to be seen without the referral form, you must sign a waiver of financial responsibility that allows us to bill you.

### **Prompt Payment Expected:**

After your insurance has reimbursed VISOC, we will send you a statement of patient payment responsibility. The bill is payable upon receipt. Once the bill is classified as patient responsibility, you will receive a maximum of three statements. If the bill is not paid in full within 60 days, or we have not heard from you in the business office regarding the bill, you will receive a pre-collection letter. If we still have not heard from you within an additional 10 days, your account will automatically be turned over to a collection agency.

### **Payment Plans:**

*We do not accept a minimum monthly payment without a prior written payment plan arrangement. Patients are under a false assumption that by making a minimum payment each month VISOC cannot turn the account over to a collection agency or make a credit bureau report. We regret this situation.*

### **How can I pay?**

We accept payment by cash, check, Visa, MasterCard, Discover and American Express. By using Visa/MasterCard/Discover/American Express, for co-payments, etc. you assign the right to VISOC to bill future co-payments and balances, etc. on your credit card.

### **Self-Pay - No Insurance on File:**

If you have no medical insurance, choose not to use your benefits or you request a service that is not covered by your insurance, our policy is for the patient to pay for all services in full at the time services are rendered. ***If you are having a procedure in the hospital, a deposit and signed payment plan must be on file prior to scheduling the procedure. Please contact our business office at 714-560-4450 to make these arrangements. The doctor's medical assistant cannot schedule a procedure without authorization from the business office.***

Payment plans are written *individually* and must be on file in the business office. If a payment plan must be arranged, VISOC reserves the right of filing with local and national credit bureaus that you are in a payment plan until the account is paid-in-full. If a patient defaults on a payment plan the account will immediately be turned over to a collection agency.

**Use of Collection Agencies:**

This is a last resort to ensure that we receive payment for services performed in good faith with the expectation of payment. We only turn accounts over to collection when a patient ignores our repeated requests for payment. If you have been turned over to a collection agency and you call to schedule an appointment, the amount in collection must be paid prior to being seen in the office or at the time of the visit, but prior to being seen. *We will not turn you away in the case of a true medical emergency, but routine office visits or procedures will not be scheduled until the amount in collection is paid in full.* Once an account has been turned over to a collection agency, we no longer correspond with the patient regarding the unpaid balance. The patient or responsible party must resolve the unpaid debt with the agency.

**Billing Service - Insurance Questions:**

Questions regarding insurance payment or billing statements should be directed to our billing office, MSM. Their phone number is 714-571-5000. If the line is busy, leave a message. Please follow the instructions regarding specific information required to speedily correct your concerns.

**Personal Balance Questions:**

Once your medical insurance has paid according to the terms of their contract, any unpaid balance (typically consisting of a co-payment, deductible or co-insurance) becomes your responsibility. *The bills you receive from VISOC are separate from any hospital, radiology, pathology or reference laboratory bills.*