

## Financial Policies

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Our financial policies have been written to clearly explain your responsibility for the services provided to you. If you need further information about any of these policies, please ask to speak with our Manager.

**Health Insurance: *Knowing your insurance benefits is your responsibility.*** Health care insurance is intended to cover some, but not necessarily all, of the cost of your treatment. Most plans include coinsurance and/or a deductible that must be paid by the patient. If you have health insurance, please bring your plan identification card with you to your visits. You are responsible for the difference between what your insurance pays and the total charges for your care, less any discounts if we are contracted providers with your plan. If your health insurance carrier does not process our claims for your care, we will make a reasonable effort to resolve the issue with your health insurance carrier. If our claim goes unpaid for sixty days (60), we reserve the right to seek payment directly from you. **If during your treatment your insurance provider changes or coverage lapses it is your responsibility to inform our office before your next visit, any charges incurred due to coverage changes are the patient's responsibility.**

**Co-Pay:** If your insurance requires that you make a co-pay for the services your payment is due at the time of your visit.

**Balances:** We request that any balance that remain after insurance payments have been received are paid within 30 days. Balances over 90 days may be sent to collections. We may agree to a payment plan that in most cases will not exceed six months.

**Referrals: *If your health plan requires a referral or authorization from your primary care physician, we will need to receive the authorization before you are seen, it is your responsibility to ensure the referral is received by our office.*** If we have not received an authorization prior to your arrival at our office, we have a telephone available for you to call your primary care physician or health plan to get it. If you are unable to obtain the referral at that time, you can reschedule your appointment or pay us directly for the services we provide you.

**Charity Care: *We do not participate in any financial assistance programs.*** Notices of financial hardship determinations from hospitals do not cover services provided by us.

**No Insurance:** If you do not have health insurance, we expect payment for services at the time of your visit. We require payment of an initial consultation fee when you check in that will cover the approximate cost of services, tests and supplies. Follow up visits must also be pre-paid at the time of check-in. Your fee may not cover the entire cost of the visit and you may be responsible for charges equaling more than the fee paid at time of visit. Our staff can provide you with our current consultation fees.

**Surgery:** If your physician recommends surgery and you have insurance coverage, we will work to obtain all pre-certification/authorization if your insurance company requires it. If you do not have insurance, or if you will be responsible for a substantial portion of the surgery charges, we will request a pre-surgical payment from you.

**Worker's Compensation:** If you are being seen for treatment of a compensable work-related injury, we will not bill your health insurance – these charges must be billed directly to your employer's worker's compensation carrier. If we have verified your claim with your employer or your employer's worker's compensation carrier, no payment is necessary at the time of your visit. If we are not able to verify your claim, we may ask that you pay us directly for the services we provide you.

**Third-Party Liability:** If you are seeing us as the result of an accident or an injury for which another party is responsible, we will not bill your health insurance. We will require information about the party financially responsible for your care, or, in the case of an automobile accident, we will require your automobile insurance information. If we cannot obtain this information, or if your claim is not paid by the third-party, we may ask that you pay us directly for the services we provide you.

**Miscellaneous Forms:** We will complete forms within 3 business days of receiving them. Most forms will be completed without charge. We reserve the right to charge \$25.00 per form for the completion of forms not required for your clinical record (e.g. loan deferment forms, disability forms, non FMLA or insurance work excuse forms).

**Account Statements:** We will mail you a statement once a month if there is an outstanding balance on your account. We expect payment in full on any balance. We may agree to a payment plan that in most cases will not exceed six months.

**Collection Agencies:** If our monthly statements are ignored, a final statement warning that your account will be placed with a collection agency will be mailed to you. If no payment is received within two weeks of the final notice, the account will be sent to a collection agency, where substantial collection costs will be added to the balance.

**Payment Methods:** We accept payment by cash, credit, and debit card. Payments may be made in person, by mail, phone, or on our website, [www.STLFAI.com](http://www.STLFAI.com)

**Returned Payments:** If your payment is not honored by your financial institution because of insufficient funds, your account will be assessed a penalty fee of \$25 and not to exceed the amount allowed by law.