

# Financial Policy

## Idaho Falls Arthritis Clinic PC

2220 E 25<sup>th</sup> Street Idaho Falls, ID 83404  
Phone: (208) 542-9080 Fax: (208) 542-9081

Thank you for choosing Idaho Falls Arthritis Clinic for your rheumatology needs. All of us at the clinic look forward to serving you.

Our financial policy is simple: **Payment is due at the time of service.**

Whether you have insurance or not you are responsible for all services rendered. We may not bill you right away as we wait for insurance claims to process; but, it is expected that as soon as you know your responsibility that it is paid in full. Should you fail to make payment in full or make payment arrangements in the case of a hardship, then future appointments can be cancelled and no further prescription refills will be allowed. Holding back payment is in direct violation to this agreement and subject to dismissing you as a patient and sending your account to collections. All payments made will be applied to the oldest claim first. Should you miss your appointment without 24 hour prior notification a \$25 "no show" fee can be charged.

**We do not accept Medicaid as either a Primary or Secondary Insurance Coverage for new patients.**

**If you have insurance;** then, your copay and coinsurance is due at the time of service, unless you have a secondary insurance. If you know you have not met your deductible and do not have a secondary insurance which will cover it, then the full balance of the visit will be due at the time of service. If you are unsure of your exact copay then we will ask for a \$30 payment to be made. Any balance that your insurance does not cover and was not paid at the time of service is owed within 30 days of your insurance's payment.

As a courtesy to you, typically your insurance carrier will be billed for office visits, laboratory fees and surgical procedures. If your insurance carrier(s) has not paid the balance in full within 90 days from the date of service, you will be responsible to pay the balance in full. You are legally responsible for payment in full for services provided, regardless of your insurance benefits. **Following up insurances payments is your responsibility** even if we have billed them and make efforts to see that they are paid.

We only bill Primary and Secondary insurance so you are responsible for billing any other insurance after that.

Typically, as courtesy, we will issue you a monthly statement if there is a balance owing. Payment is due in full upon receipt of such statement. Should we have to send additional statements on a continuing outstanding balance then a \$10 statement fee may be assessed for every month a statement needs to be sent.

**If you have no insurance;** then, payment in full is due at the time of service. A 10% discount will be given only if the full balance is paid current **at the time of service.**

Should your check be returned for insufficient funds then a \$25 fee will be charged in addition to the amount that is owed. Other charges as mentioned above could be applicable. If you do run into financial difficulty, you will need to notify our office so we can help you make other arrangements.

By signing this agreement you are indicating that you have read and understand and agree that you will be required to pay for your portion of the payment due at the time of service. If you are unable to make your payment and/or you have an outstanding balance, we have the right to refuse service to you.

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Signature

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Date

Financial Policy 1/1/2017