



## Practice Financial Policy

Thank you for choosing **Ravencrest Medical** as your health care provider. We are committed to building a successful physician-patient relationship, and the success of your medical treatment and care. Your understanding of our Practice Financial Policy and payment for services are important parts of this relationship. For your convenience, this document discusses a few commonly asked financial policy questions. If you need further information or assistance about any of these policies, please ask to speak with our staff.

### **When are payments due?**

All copayments, deductibles, patient responsibility amounts, and past-due balances are due at the time of check-in unless previous arrangements have been made with our billing coordinator.

### **How may I pay?**

We accept payment by cash, check, credit card. We will only accept post-dated checks when they are provided within an approved payment plan.

### **Will you bill my insurance?**

Insurance is a contract between you and your insurance company. In most cases, we are not a party to this contract. We will bill your primary insurance company on your behalf as a courtesy to you. To properly bill your insurance company, we require that you disclose all insurance information, including primary and secondary insurance, as well as any change of insurance information. You are responsible for providing the most current insurance information to Ravencrest Medical.

It is your responsibility to notify our office promptly of any patient information changes (ie, address, name, insurance information) to facilitate appropriate billing for the services rendered to you. *Failure to provide complete and accurate insurance information may result in the entire bill being categorized as a patient's responsibility.*

Although we may estimate what your insurance company may pay, it is the insurance company that makes the final determination of your eligibility and benefits. If your insurance company is not contracted with us, you agree to pay any portion of the charges not covered by insurance, including but not limited to those charges above the usual and customary allowance. If we are out of network for your insurance company and your insurance pays you directly, you are responsible for payment and agree to forward the payment to us immediately.

### **What if my plan does not contract with you?**

If we are not a provider under your insurance plan, you will be responsible for payment in full at the time of service. As a courtesy, however, we will file your initial insurance claim, and if not paid within 45 days, you will be responsible for the total bill. After your insurance company has processed your claims, any amount remaining as a credit balance will be refunded to you.

### **What is my financial responsibility for services?**

It is your responsibility to verify that the physicians and the practice where you are seeking treatment are listed as authorized providers under your insurance plan. Your employer or insurance company should be able to provide a current provider listing.

### **If you have:**

#### Workers' Compensation

- *If we have verified the claim with your carrier:* No payment is necessary at the time of the visit.
- *If we are not able to verify your claim:* Your appointment will need to be rescheduled.

Our staff will schedule your appointment after your worker's compensation carrier calls in advance to verify the accident date, claim number, primary care physician, employer information, and referral procedures.



The patient or the patient's legal representative is ultimately responsible for all charges for services rendered. "Non-covered" means that a service will not be paid for under your insurance plan. If non-covered services are provided, you will be expected to pay for these services at the time they are provided or when you receive a statement or explanation of benefits (EOB) from your insurance provider denying payment.

Your insurance company offers appeal procedures. We will not under any circumstances falsify or change a diagnosis or symptom to convince an insurer to pay for care that is not covered, nor do we delete or change the content in the record that may prevent services from being considered covered. We cannot offer services without expectation of payment, and if you receive non-covered services, you must agree to pay for these services if your insurance company does not. If you are unsure whether a service is covered by your plan, ultimately, it is your responsibility to call your insurance company to determine what your schedule of benefits allows, if a deductible applies, and your potential financial responsibility.

#### **Do you bill workers' compensation?**

We will bill workers' compensation for verified claims. It is the patient's responsibility to provide our office staff with employer authorization and contact information regarding a workers' compensation claim. If the claim is denied by the workers' compensation insurance carrier, it then becomes the patient's responsibility. At your request, we will submit the claim to your primary medical insurance carrier with a copy of the workers' compensation insurance denial. If your primary medical insurance carrier's claim is denied, you will be responsible for payment in full.

#### **What if I don't have insurance?**

Self-pay accounts are used for patients without insurance coverage, patients covered by insurance plans which the office does not accept, or patients without an insurance card on file with us. Liability cases will also be considered self-pay accounts. We do not accept attorney letters or contingency payments. It is always the patient's responsibility to know if our office is participating in their plan. If there is a discrepancy with our information, the patient will be considered self-pay unless otherwise proven. *Self-pay patients will be required to pay in full for services rendered to them and will be asked to make payment arrangements prior to services being rendered.*

At the sole discretion of the practice, extended payment arrangements may be made for patients. Please speak with our staff to discuss a mutually agreeable payment plan. It is never our intention to cause hardship to our patients, only to provide them with the best care possible and reasonable costs.

#### **I received a bill even though I have secondary insurance.**

Having secondary insurance does not necessarily mean that your services are 100% covered. Secondary insurance policies typically pay according to a coordination of benefits with the primary insurance.

#### **What if I have billing or insurance questions?**

**Ravencrest Medical** is supported by a staff of dedicated professionals. Our office staff can assist with most financial questions and help relieve the patient/caregiver of burdensome paperwork. Please ask if you have any questions about our fees, our policies, or your responsibilities.

#### **Do you bill other third parties?**

We do not bill third parties for services rendered to you. Our relationship is with you and not with the third-party liability insurer or policy carrier (eg, auto or homeowner). It is your responsibility to seek reimbursement from them. However, at your request, we will submit a claim to your primary health insurance carrier. You will be asked to pay in full for the services we provide you. All formalities required by your insurer and the third party should be promptly completed by you. If we receive a denial of your claim, you will be responsible for payment in full.

#### **What if my child needs to see a physician?**

A parent or legal guardian must accompany patients who are minors during each visit. This accompanying adult is responsible for payment of the account, according to the policy outlined on the previous pages.



**Do you charge a penalty for returned payments?**

Any charges incurred by the practice collecting balances owed to us during the collection process may be charged to the patient. Returned checks, credit card chargebacks, or returned payments will attract a **minimum \$35 penalty in addition to the balance owed**. Accounts with returned payments will be expected to make payments via cash, money order, or cashier's checks only.

**Can you waive my copay?**

We cannot waive deductibles, coinsurances, or copays that are required by your insurance. This is a violation of insurance rules.

**Do you charge for completing forms?**

Completing disability forms, FMLA forms, and other requested supplemental insurance forms requires time away from patient care and day-to-day business operations. **A prepayment of \$15.00 per form is required**. Please understand that to complete forms, your medical record must be reviewed, forms completed and signed by the physician, and copied into your medical record. Some of these forms can be quite complicated and tedious to fill out. Please provide us with pertinent information, especially dates of disability and return to work. We request that you allow 5 business days for this process.

**Do you charge for copies of medical records?**

Patients requesting paper copies of their medical records will be charged a \$25 processing fee for any records exceeding 40 pages.

Records requested via electronic media (flash drives, CDs, DVDs, etc.) will be charged a flat \$10 device fee. All records requests will be fulfilled within 30days of the request.

**What if I missed my appointment to see the medical provider?**

We understand that on rare occasions, issues may arise, causing you to miss your appointment when you cannot notify our office before your appointment. Should you experience any unforeseen circumstance that causes you to miss your appointment, please call our office at least 24 hours prior to having it rescheduled.

Our highly skilled medical providers are committed to your well-being and have reserved time just for you. Patients who miss more than one appointment without notifying our office 24 hours before the appointment time are subject to a \$50 missed appointment fee billed to the patient. Ravencrest Medical reserves the right to reschedule or cancel any appointments if patients show up 15 minutes or later to their scheduled appointment time.

I have read, understand, and agree to the above Financial Policy. I understand my financial responsibility to make payments for services provided to me and the courtesy extended by Ravencrest Medical to simplify insurance reimbursement for the services provided to me. I acknowledge that these policies do not obligate Ravencrest Medical to extend credit to me for services provided.

Patient or authorized representative

Date:\_\_\_\_/\_\_\_\_/\_\_\_\_

Signature:\_\_\_\_\_

Patient or authorized representative name (print):

\_\_\_\_\_