INFECTIOUS DISEASE CONSULTANTS

Financial Policy
Effective 11-1-2016

Thank you for choosing Infectious Disease Consultants (IDC) for your infectious disease medical care. Please understand that management of your billing is important to ensure that we can continue to take care of your health care needs. The following agreement outlines your financial responsibility with our practice.

Insurance

Insurance is a contract between you and your insurance company. You are personally responsible for knowing your insurance benefits and requirements, including the need for you to obtain a service referral from your primary care physician as required by your plan. Please contact customer service at your insurance company if you have questions about your coverage. All charges incurred at IDC are your responsibility regardless of your insurance coverage.

IDC participates in most major insurance plans. A current insurance card must be presented at the time of service or payment in full is required until your insurance coverage can be verified. As a courtesy to you, we will file your insurance claim to primary, secondary, and tertiary insurance plans. You can direct your insurance company to pay your benefits directly to our practice by signing the authorization on the Assignment of Benefits Agreement. If payment from your insurance company is not received in a timely manner following submission of a "clean" claim by our practice, you will be personally financially responsible for the medical expenses incurred. If information to file your claim, including additional insurance coverage or other information requested by your insurance company and/or our office is not supplied in a timely manner to meet your insurance company's requirements, you are personally responsible for the full bill.

Medical Service Referrals

You are responsible for obtaining your own medical service referral, if required by your insurance policy. This must be received at our office at least two days in advance of your scheduled appointment or your appointment will need to be rescheduled.

Co-payments, deductibles, co-insurance, and non-covered services

You are responsible for payment of any co-payment, deductible, co-insurance, and/or non-covered services as determined by your contract with your insurance company. Protection of your insurance benefits requires us to charge for, and you to pay for, all required co-payments, co-insurances, deductibles, and non-covered services. **These must be paid at the time of check-in**. If you are unprepared to pay these financial obligations, contact our office at least 48 hours in advance to reschedule your appointment. For your convenience, we are able to place your credit card on hold through a secure third party company so payment will be collected once your insurance company has paid their portion.

Self-pay patients

IDC accepts self-pay patients. Payment is due at the time of service. Please contact our Business Office at 316-264-5384 to determine your anticipated financial responsibility.

Outstanding personal financial balances

Personal financial balances are due on receipt of our statement. All outstanding personal financial balances must be paid in full prior to being seen again in our office or for continuing medical care. You can contact our Business Office at 316-264-5384 to make payment at any time. If you would like to request a payment plan with payments to be billed to your credit card, please contact the Business Office to discuss upon receipt of your first statement. Should you default on your payment plan, your account will be forwarded to a collection service.

Collection Services

If your account is referred to a collection service, no physician in our office will be able to provide you medical care in the future. Your account will additionally be assessed a collection service processing fee, as well as the collection service fee in additional to your unpaid balance.

Missed appointments and same day rescheduling of appointments

We realize there are times your appointment must be rescheduled or canceled. Please cancel or reschedule your appointment at least 24 hours in advance to allow our office to offer that appointment time to another patient who is waiting. If you fail to attend your appointment or cancel/reschedule in a timely manner, a $25 fee may be charged for missed clinic appointments and $100 fee for missed infusion appointments. You may be dismissed from our practice if you fail to attend 2 appointments and/or cancel or reschedule less than 24 hours in advance.

Service Fees

Paperwork - A $25 fee is charged for completion of paperwork, such as Attending Physician Statements, FMLA paperwork, etc. There is no fee for completion of Driver's License Medical forms. Returned checks are subject to a $30 service fee.

Medical records – A fee is charged for medical records requested personally by the patient. This fee is variable depending on the quantity of records. There is no fee for medical records requested by other physicians or providers for your continuing care needs.

Additional information

Workers compensation claims – Appropriate referral and all necessary accident information must be received at the time of appointment scheduling, otherwise full payment is due at the time of services if there is insufficient information to verify the workers compensation status.

Precertification of services - IDC will attempt to verify and, if necessary, pre-certify any service you are being scheduled for. Despite this, insurance companies will on occasion still not pay your insurance claim. Should this occur, you will be financially responsible. Our Business Office will be glad to assist you as you work with your insurance company to get this resolved. Should your insurance company later pay your claim, a refund will be issued to you for any personal payment(s) within 10 business days.

Advance Beneficiary Notice - You may be asked to sign a Waiver of Liability or Advance Beneficiary Notice (ABN) for certain services that could potentially be denied for payment by your insurance company despite information from them that a service is covered. If you sign the form and your insurance company does not pay for the service, you are financially responsible for the bill. You have the option to decline any service prior to it being performed.

I have read the above policy in full and have had a chance to have my questions answered. I have been given a copy of this document for my records.

_____ _____

PRINTED <u>Patient</u> name Patient or responsible party signature

_____ _____

Date of Birth Date