

Vein Care Center

FINANCIAL POLICY

Thank you for choosing our practice for your vein care needs. We are committed to making health care less stressful and more effective by clarifying financial responsibilities in advance. Your clear understanding of our Financial Policy is important to our relationship. The following policy will become effective immediately, and we require that you read, agree to, and sign prior to any treatment.

COMMERCIAL/PRIVATE INSURANCE/PARTICIPATING PROVIDER PLANS

Your insurance policy is an agreement between you and your insurance company. The Vein Care Center will file your claims with your insurance carrier(s) as a courtesy to you. We cannot guarantee that your insurance plan accepts this office and/or its physicians as a participating provider; therefore, your insurance company may or may not pay for services rendered in this office. **It is your responsibility to check with your insurance company to see if we are covered under your plan.** All insurance companies do not carry the same benefits; therefore, you are responsible to know what your insurance does or does not cover and if and when you need a referral.

You are ultimately responsible to see that the account is paid in full. In order for our office to bill your insurance carrier, you will need to supply our office with all the requested information and a current copy of your insurance card. Please be sure to inform us any time you change insurance and make sure we have a current copy of your card. You are responsible for the charges as well as determining prior to services being rendered if we are a participating provider with your insurance company.

MEDICARE

We are participating Medicare providers, and do accept assignment from Medicare. There may be a balance (deductible and co-insurance) due from the patient after Medicare pays. If you have a secondary insurance, we will submit this for you. For any remaining balance, the patient, by law, is responsible for any portion of the approved amount not paid by Medicare or a secondary insurance carrier.

MEDICAID AND MEDICAID MANAGED CARE

All Medicaid patients must show a valid card each time before seeing the doctor. We will also verify eligibility prior to your being seen by the doctor. If ineligible or if you did not provide us with an ID card, your appointment will then be rescheduled or cancelled, as we are required to verify current coverage.

WORKERS COMPENSATION

We are not a contracted provider for Workers Compensation. Therefore, Workers Compensation will not pay us for any services provided, and you will be considered a self pay patient.

MINORS

Often the person responsible for the children's doctor bills is unclear. In our office, the parent who brings the child in and requests treatment is the parent who is responsible for all fees incurred. Any court ordered responsibility judgment must be determined between the individuals involved without the inclusion of our office. Minors must be accompanied by parent or legal guardian to be treated.

ACCOUNT BALANCES

You are responsible for timely payment of your account. The Vein Care Center reserves the right to reschedule or deny a future appointment on delinquent accounts. Also, delinquent accounts that are neglected are placed with an outside collection agency.

ELECTIVE PROCEDURES

For all elective procedures we require that any patient responsibility (deductible or coinsurance) be paid in full prior to the procedure. If you do not have insurance, the entire amount is due prior to the procedure. Although we make every effort to obtain accurate information from the insurance carrier, verification of benefits is not a guarantee that an insurance carrier will pay a claim. The insurance carrier makes final determination, based upon the plan's level of coverage and associated policies, upon receiving the claim. If there is an amount remaining after the insurance processes your claim, we will send you a statement showing the balance due. Likewise, if you have overpaid, we will send you a refund.

SELF PAY

If you do not have insurance and are self pay, payment for your consultation is due prior to your visit.

APPOINTMENT CANCELLATIONS/NO SHOWS

There may be a \$35.00 charge for not giving a 24-hour notice for appointment cancellations or no-show appointments. No-shows not only mean a loss of charges and gaps in the schedule, but office staff members can lose hours scheduling the no-show appointment, pulling and reviewing the chart, calling afterward to find out why the patient did not show up and rescheduling the appointment. Beyond the lost charges and time, no-shows also represent a lost opportunity to better serve patients who are in need of treatment.

It is our hope that the above Financial Policy will allow us to provide quality care to our valued patients. If you have any questions or need clarification on any of the above policies, please do not hesitate to contact our office at (419) 227-4472.

I understand that I am financially responsible for all charges, whether or not paid by said insurance. I have read and fully understand and agree to the above policies of this practice.

Signature of Responsible Party

Print Name of Responsible Party

Date