

Tri-State Pulmonary Associates, Inc.
FINANCIAL POLICY

How may I pay?

Payments can be made by cash, money order, check or credit card (Visa, MasterCard, American Express or Discover). A returned check fee of \$25 will be assessed to your account for every check returned for insufficient funds, stopped payment or drawn on a closed account.

What is my responsibility for my insurance plan's requirements?

Our staff interacts with many insurance companies, each with different rules and regulations. Although we will do our best to assist with your insurance company's requirements, **it is the patient's responsibility to ensure that all required permissions are obtained including referral, pre-certification, pre-authorization and use of in-network facilities. You will be responsible for the entire bill if payment is denied by the insurance company for failure to obtain these requirements.**

Co-payments:

All co-pays are to be paid prior to service in accordance with your health insurance policy. If you have a primary and secondary insurance, you do not have to pay your primary copay on the date of service. If there is a residual balance, we will bill you via your monthly statement. A billing fee of \$10 may be assessed for co-pays not paid at the time of service.

Self-pay Patients:

If you have not health insurance, a prompt pay discount of 20% will be extended for payment in full at the time of service. A minimum deposit of \$50.00 will be required at registration. Our billing department will bill you for the outstanding balance via monthly statement if you are unable to take advantage of the prompt pay discount.

Hardship Policy:

State and federal government guidelines or insurance contract requirements require us to bill patients for all balances that are determined to be owed unless a determination of financial hardship is made. If you feel that you might qualify, please ask our billing department to initiate the paperwork required. If you are receiving a discount for services from The Christ Hospital, we can often apply that discount to our billings, too.

Third Party Liability:

We do not bill third party coverage except as required by Medicare. You will be required to pay the estimated amount in the form of a deposit prior to the visit. You will be billed if there is a balance remaining after your deposit. The physicians **do not** get involved in litigation, but will gladly provide copies of your medical records.

Minors and Dependents:

Parents are financially responsible for care rendered to their minor child(ren). We do not get involved in divorce situations and the parent that signs for the child will be financially responsible. As many insurance companies cover adult children who are full-time students, it will be the parent's responsibility for any balance on the account.

Medical Records:

We will send a copy of your medical record to the physician of your choice upon completion of a medical record release form at no charge. Copies of medical records for other entities may be subject to a fee as set by the Ohio Department of Health. You can obtain the fees associated with these requests at our front desk.

Form Completion:

We will complete forms submitted to our practice in approximately five (5) business days. There is a \$10 charge for all forms with the exception of Workers' Compensation forms. Workers' Compensation forms will be completed free of charge. If the form is not completed within five (5) business days, the fee will be waived.

Patient Credit Balances and Refunds:

Patient credit balances are applied to future services. If a patient account has been inactive for more than 12 months, a refund check will be issued to the last known address on file. If the balance is less than \$10, the credit will be internally adjusted and no refund issued.

Missed Appointments:

We require at least 24 hours' notice for cancellation of appointments. You may be charged a \$40.00 cancellation fee if the office is not given 24 hours' notice of your cancellation.

Insurance and Personal Information:

At your initial appointment, copies will be made of your personal identification and insurance cards. We ask that you present your current insurance cards at each visit. Notify us of any changes in address, phone number or marital status.

We will ask you to complete our registration form annually.

Medicaid:

Since Medicaid eligibility is determined monthly, you must bring your current Medicaid card at the time of your visit. Failure to comply will result in the rescheduling of your appointment. We participate with Medicaid and the Medicaid Commercial Plans in Ohio, Kentucky and Indiana.

Medicare:

Our physicians have agreed to participate with Medicare and to accept assignment on all claims. Accepting assignment means that we must accept Medicare's approved amounts. However, you should know that Medicare only pays a portion (generally 80%) of the approved amount after your deductible has been met. You are responsible for the deductible and the coinsurance (generally 20%) unless you have a supplemental plan that covers these fees. You will be billed for any allowable balance not covered by Medicare and/or your supplemental insurance plan. We also participate in many Medicare Advantage PFFS, PPO and HMO plans. Some HMO plans are very restrictive and require referrals from the Primary Physician. The responsibility for obtaining referrals rests with the patient. We are not considered in-network with Anthem Senior Advantage HMO although, with a proper referral, they will pay for claims.

We are happy to work with you in every possible way to assess each family situation. Payment plans and reductions can be made based on your family income. Our billing department is here to assist you.

Please sign below to signify your receipt and understanding of the above policy.

Patient or responsible party signature

Date

Relationship to patient