

PATIENT FINANCIAL POLICY

Thank you for choosing Reid Physician Associates, Inc. as your health care provider. We are committed to building a successful physician-patient relationship with you and your family. Please understand that payment for services is a part of that relationship. The following is a statement of our Financial Policy, which we require you to read and sign the financial agreement acknowledgment on the registration form prior to treatment.

PATIENT INFORMATION: A fully completed, current patient registration will be on file in the patient chart during the time in which the patient is considered an active patient. Patient registration will be updated by the patient yearly and will include where the patient can be reached by phone. A signature by the responsible party is required.

INSURANCE CLAIMS:

Primary Insurance: We will file claims with the patient's insurance upon the patient's submission of proof of insurance (i.e., insurance/government card indicating coverage, identification number and group number). In the event the patient has insurance coverage but cannot provide documentation, payment is due at the time of service. Upon receipt of the insurance card, we will submit the health insurance claim form indicating patient payment at time of service.

Secondary Insurance: Claims will be filed with secondary insurance if adequate information is received at the time of service. However, if payment is not received in our office within 45 days after filing, the responsibility will be transferred to the patient and due upon receipt.

Medicare Patients: We are a participating provider for Medicare Part B (Physician Services). We expect you to pay your Medicare deductible, and/or any services provided but not covered by Medicare. We will bill Medicare and your supplemental insurance directly.

Medicaid Patients: Reid Physician Associates, Inc. physicians care for many Indiana Medicaid patients. Medicaid patients are required to present their Medicaid card upon registration for each appointment. Patients who are required to meet a "Spend Down" will be financially responsible at the time of service for services rendered until their "Spend Down" liability is met. Questions regarding your individual benefits should be addressed with your caseworker.

PATIENT FINANCIAL RESPONSIBILITY: If no insurance is to be filed by us, or if we are not a participating provider in your insurance plan, **full payment is expected at the time of service.** If necessary, we can set up a payment schedule. Payment arrangements will be made with a signed Payment Agreement and the approval of the Practice Manager and/or Director.

Co-payments, deductibles, co-insurance and payment for non-covered services are due at the time of service. We accept cash, checks and credit cards.

MINORS/DEPENDENTS: Children under the age of 18 will require the signature of a responsible party on the registration form.

WORKERS' COMPENSATION:

NOTE You must verify that your Reid Physician Associates provider is approved to provide care for your employer/policy.

If applicable, Workers' compensation will be filed if the patient notifies us when scheduling the appointment and supplies billing information at check-in. Details of the accident will be required and a workers' compensation form must be completed.

METHOD OF PAYMENT: Acceptable methods of payment are cash, check, VISA, MasterCard, Discover and American Express. Debit/Credit card payments can also be accepted by phone, fax or online.

A fee no less than the amount charged by the bank will be added to the patient's account per submission in cases of returned checks for non-sufficient funds (NSF).

PAST DUE ACCOUNTS: Any outstanding balance, after insurance has paid, will be invoiced to you on a statement. Payment is due upon receipt of the statement.

If an account balance reaches 90 days, a service charge of 1.5 percent per month will be added to the balance.

Prolonged delinquency in payment may result in preparation of account for small claims court, collection agency and/or credit bureau reporting with possible discharge from the practice.

In the event an account is turned over for collection, the person financially responsible for the account will be responsible for all collection costs including, interest, collection fees, and reasonable attorney fees and court costs.

A patient may remit in full for all outstanding charges owed on account including amounts previously placed with the collection service. Under these circumstances, a physician may reserve the right to re-establish the patient to active status in the practice.

MISSED APPOINTMENTS: We request the courtesy of a 24-hour notice of cancellation. Consecutive missed appointments without notice will be documented and may result in discharge from the practice.

ACCOUNT CONSULTATION: Physicians do not discuss financial issues. Our billing staff is trained to discuss your account and make payment arrangements. They will be happy to help you, but if you need further assistance please ask to speak with the Practice Manager.

MEDICAL RECORDS: If you need us to transfer your records to another physician, please contact the office. They will provide you with the HIPAA compliant documents.