

# Hibiscus Women's Center

## Financial Policies 1/15/19

### Welcome

Thank you for choosing Hibiscus Women's Center as your healthcare provider. We are committed to providing you with the best possible medical care. We believe that good care for you starts with good communication. Your clear understanding of our practice financial policy is important to our professional relationship.

### Fees and Payments

Fees are standard and based on the complexity of your visit. Payment in full is required at the time of your visit. This includes, among other things, copay amounts, deductibles, balances on your account from previously processed claims. Previous balances can be paid prior to appointment by contacting the billing office or on-line through our Patient Portal.

Insurance co-payments are due at the time of service. We will not bill your secondary insurance for co-payments.

While filing insurance claims is a courtesy that we extend to our patients, all charges are your responsibility from the date services are rendered. If you do not agree with patient responsibility amounts or reimbursement amounts set by your insurance or government program, this is a matter between you and that program, We are happy to provide you with the factual information about your care and billing to help you discuss this with them, but we still require you to promptly pay the entire charge we present to you, even if your issue with the insurance is not resolved. Your insurance is a contract between you, your employer and the insurance company. We are not party to that contract.

Before your visit, contact your insurance company to verify that we are participants in your plan and that the services you intend to receive are covered or if any referrals/authorizations are required. Not all services are a covered benefit in all policies, so it is very important that you understand the provisions of your individual policy. Insurance companies select certain services that they will not cover; therefore we can't guarantee payment of all claims by your insurance company. Some common examples of non-covered services are contraception and infertility. Additionally, some do not cover preventative or obstetrical services. Reduction or rejections of your claim does not relieve you of your financial responsibility. Per your insurance company prior authorization does not guarantee payment and does not release you of your financial responsibility.

**PLEASE NOTE: Each visit is documented in your medical record and a diagnosis is made by the provider. Diagnoses are made based on medical information, not based on coverage by Insurance Companies. To request a diagnosis change solely for the purpose of securing reimbursement from an insurance company is inappropriate and is considered insurance fraud.**

### **Required at Check-In- ARRIVE AT LEAST 15 MINUTES PRIOR TO YOUR APPOINTMENT TIME**

1. Verify Personal Contact Information
2. Present Current Copy of Insurance Card
3. Present Picture ID
4. Credit or Debit Card
- 5. PAYMENT OF ANY OUTSTANDING BALANCE**
- 6. PAYMENT OF TODAY'S VISIT**

If we are unable to verify your insurance eligibility, you will be considered self-pay and will be responsible for full payment of your visit.

**Obstetrics** –We have separate policies for your prenatal care and delivery.

**Surgical Services** –An estimate of your financial responsibility will be collected prior to your surgery based upon your co-insurance and deductible. Payment is required in full prior to elective and non-covered services and procedures.

**Self-Pay** –In order to address the needs of our patients without insurance and patients with coverage limitations, we offer a 15% discount off our standard fees on the day services are rendered. This discount acknowledges the lower cost involved in billing and collections when a claim does not need to be submitted to a third party payer. In order to qualify, payment needs to be made IN FULL at time of visit. Credit or Debit will be on file to cover any additional charges that may occur. (See Credit Card Policy) This discount is for services only and does not apply to any appliance/devices or miscellaneous charges.

**Medicare** –We gladly accept Medicare patients and will bill our services at the allowed rate. Medicare regulation requires that you sign an Advanced Beneficiary Notice (ABN) at every visit. This form helps explain which services Medicare may not cover and may be your responsibility.

**Annual Exams and Mammography**-Please verify that your insurance will cover these preventative services before making your appointment. Depending on your age and the plan, these services may not be covered. Also some insurance companies are very strict in enforcing time limits between visits and may not cover your visit if you are even one day early. When scheduling your mammogram, check with your insurance for participating facility for maximum benefit.

**Medical Records** –A signed release form must be completed in order for records to be copied. There is a per page charge for your records to be sent to you or another physician. This per page fee schedule is available upon request. If a collaborating physician (Primary Care or Specialist) request portions of your record to assist in your care, there is no charge.

#### **Miscellaneous Charges –**

**Lab Charges**- Depending on your insurance, you may get a separate bill from the lab facility that your lab work is sent to. These charges should be discussed directly with the Lab Facility. We have no way to verify what is allowed by your insurance or obtain any estimated cost for you. There is a minimal lab draw fee that is not filed to your insurance. Ask if you would prefer to go to a different facility for your lab draw.

#### **Cancellation/No Show Charge**

We understand that there are times when you must miss an appointment due to emergencies or obligations for work or family. However, when you do not call to cancel an appointment, you may prevent other patients from getting much needed treatment. Conversely, the situation may arise where other patients fail to cancel and we are unable to schedule you for a visit due to a seemingly “full” schedule.

**If an appointment is not cancelled at least 24 hours in advance there will be a thirty dollar (\$30) fee. This charge is not covered by your insurance company and will need to be paid before any appointment is scheduled**

**Return Check Charge** – Non- Sufficient Funds (NSF) checks are subject to fees charged by our bank (in addition to fees from your bank).

**Collection Charges** – Accounts that are not paid within 90 days from date of service may be sent to an External Collection agency and reported to the Credit Bureau. If a payment plan has been sent up and you fail to make a payment within 60 days, your account will be sent to the External Collection Agency. In addition to your outstanding balance, a charge of \$10.00 will be added to cover our cost. In addition, you may be dismissed from the practice.

**Please contact the Billing Department 321-724-2229 or through the patient portal, prior to your appointment to discuss any financial issues (i.e. balances, payments, charges, etc.) We do our best to keep appointments with the providers on schedule. Financial discussions with the receptionist at time of your appointment may require rescheduling your appointment.**