

# Notice of Financial Policies



Dr. Thomas Eidson and the entire team of Atlas Vein Care welcome you. We want to thank you for choosing Atlas Vein Care for your vein health needs. We are committed to providing you with the best possible care and an important part of that commitment is effective communication with our patients, their families, and/or caregivers.

The following is a statement of our Financial Policy, which we ask you to read prior to the beginning of your evaluation/treatment and sign the acknowledgement form. We believe a clear understanding of our Patient Financial Policy is important to our relationship. Please understand that payment for services provided by Dr. Eidson and our clinical care team is a part of that relationship. Please ask if you have any questions about our fees, our policies, or your responsibilities.

## **YOUR RESPONSIBILITY**

You are financially responsible for the services we provide to you. We understand that many patients arrange for insurance companies to pay for a large portion of medical claims. However, the patient (or legal guardian if the patient is a minor) is ultimately responsible for the bill if the insurance company does not pay.

## **FOR OUR PATIENTS WITH MEDICAL INSURANCE BENEFITS**

We participate in most major health plans, including Medicare. Our business office will submit claims for any services rendered to a patient who is a member of one of these plans and will assist you in any way we reasonably can to help get your claims paid. It is the patient's responsibility to provide all necessary information before leaving the office. If you have a secondary insurance, we will automatically file a claim with them as soon as the primary carrier has paid. Your insurance company may need you to supply certain information directly. It is your responsibility to comply with their request.

Please bring your insurance card and a photo ID with you at the time of your appointment. If you are insured by a plan that we are contracted with, but don't have an insurance card with you, payment in full for each visit is required until we can verify your coverage.

In order to properly bill your insurance company, we require that you provide all insurance information, including primary and secondary insurance, as well as any change of insurance information since your last visit. Failure to provide our office with complete insurance information may result in patient responsibility for the entire bill. The insurance company makes the final determination of your eligibility and benefits. If your insurance company denies any of your medical claims, you agree to pay all balances. If your insurance company pays you directly, you are responsible for payment of our fees and agree to forward the payment to us within (5) days of receipt.

## **REFERRALS**

If your insurance company requires a referral from your primary care physician, you are responsible for obtaining it. If we have not received an authorization prior to your arrival at the office, we have a telephone available for you to call your primary care physician to obtain it. Failure to obtain the referral may result in a lower or no payment from the insurance company, and the balance will be your responsibility.

**Non-Covered And Out Of Network Services:** Medical services that are considered by your insurance company to be non-covered, out of network, or not medically necessary will be your responsibility for full payment. If we are not in-network with your insurance company and your insurance pays you directly, you are responsible for payment of our fees and agree to forward the payment to us within (5) days of receipt.

**Coverage Changes:** If your insurance changes, please notify us before your next visit so we can make the appropriate changes to help you receive your maximum benefits.

**For Our Patients With No Medical Insurance:** If you do not have group or individual medical insurance, payment for all professional services is expected at the time of your visit. Please note, we do offer discounted fees for patients without health insurance.

**Insurance Pre-Authorizations:** Our office will contact your insurance carrier for a pre-authorization for all medical or surgical procedures prior to treatment. This can take from a few days to up to 6 weeks or more for your insurance company to complete. A pre-certification, prior authorization, or pre-determination of benefits is not a guarantee of payment. It is an acknowledgement from your insurance carrier that they deem the recommended treatment plan as medically necessary services and is subject to coverage at the time of service.

It is ultimately the patients' responsibility to know their insurance benefits. Therefore, we recommend that the patient also contact their insurance company to verify recommended treatments are covered under your policy and not treated as a policy exclusion. Our business office will provide you with procedure and diagnosis codes needed to verify with your insurance company.

#### **PATIENT APPOINTMENT RESPONSIBILITIES**

Your appointments are determined by Dr. Eidson or a member of the clinical care team to optimize the results from your treatment plan. In addition to the clinical benefit of a structured appointment schedule, the schedule makes it possible to assure that the appropriate medical personnel, including the physician, nurse practitioner, nurse, ultrasound technologist, or medical assistant, as well as the required medical equipment and facilities, are available to complete your evaluation/treatment safely and effectively.

**Co-Payments:** Your co-payment and deductible are determined by the insurance company based upon the plan you have selected. Your insurance company requires us to collect co-payments at the time of service. Please be prepared to pay your co-payment and any outstanding balance from prior services rendered, at each visit. For your convenience we accept cash, checks, Visa, MasterCard and American Express. If you do not have your co-payment your appointment may need to be rescheduled.

**Waiver Of Patient Responsibility:** It is the policy of the practice to treat all patients in an equitable fashion related to account balances. The practice will not waive, fail to collect, or discount co-payments, co-insurance, deductibles, or other patient financial responsibility in accordance with state and federal law, as well as participating agreements with payers. Full or partial financial responsibility may only be waived in accordance with the practice's Charity Care Policy.

**Payment Plan:** Please let us know if you are having difficulty paying the balance on your account. We may be able to help you by setting up a payment plan based on your financial hardship, call (817)795-8346 for assistance or call our billing team at (888) 719-9019.

**Late Arrivals:** A patient who arrives more than 15 minutes after his/her appointment is considered a late arrival. A late arrival, not considered to be the responsibility of the Practice, will be registered and worked into the schedule as soon as possible or possibly rescheduled. If the patient is more than 30 minutes late, the appointment will most likely be rescheduled.

**Appointment No-Shows:** Any patient who fails to arrive for a scheduled appointment without canceling the appointment at least 24 hours prior to the scheduled time is considered a "no-show". A no-show patient may be charged \$40.00, as set by the Practice, for failure to show. A patient who fails to present themselves two times for scheduled appointments is considered a chronic no-show. A patient who is a no-show four times may be dismissed from the Practice.

To ensure your quality of care and the quality of care of all other scheduled patients, we require a minimum of two working days notification in the event that your appointment must be rescheduled. Any patient rescheduling an appointment without two days notice may be charged a forty (\$40.00) cancellation fee.

\*\*\* We understand things can happen suddenly and take this into consideration when applying the cancellation and reschedule policies.

**Delinquent Balance Appointment:** Patients with a delinquent balance are required to make payment in full for future services. A delinquent account is defined as a patient balance in excess of 120 days if the patient has not made any payments or sought assistance via financial hardship during this time. If such payment is not made, services may be refused.

**Nonpayment:** All patient responsible balances that remain delinquent after 90 days, with no response to our requests for payment, may be referred to a collection agency. Please be aware that if a balance remains unpaid, you and/or your immediate family members may be discharged from this practice. If this is to occur, you will be notified by regular and certified mail that you have 30 days to find alternative medical care. During that 30-day period, our physician will only be able to treat you on an emergency basis.

**Procedures:** If your physician recommends procedures, we will answer specific questions about the procedure scheduling process, discuss the paperwork and tests involved, and complete all pre-certification/authorization if your insurance company requires it.

The Insurance Coordinator will request a pre-procedure deposit, the amount of which depends on your coverage and deductible amount. An estimate of your financial responsibility, determined by your policy benefits, will be reviewed and explained to you by our Insurance Coordinator.

Thank you for reading and understanding our financial policy. Please let us know if you have any questions or concerns.

Sincerely,

Dr. Thomas E. Eidson, D.O. and the Atlas Vein Care team