

Arthritis and Osteoporosis Associates

Patient Financial Policy

Thank you for choosing Arthritis and Osteoporosis Associates as your medical provider. We are committed to building a successful physician-patient relationship. Your clear understanding of our Patient Financial Policy is important to this relationship. Our physicians require that you read and sign the Patient Financial Policy **prior to any treatment.**

Patient Information: It is your responsibility to notify our office of any patient information changes (i.e., Address, Name, Insurance Information, Pharmacy, etc.).

Missed Appointments: If you are unable to keep your scheduled appointment, our office requires a 24-hour notice of your cancellation. Missed appointments that were not previously cancelled may be charged a fee up to \$75.

Insurance Coverage: Insurance policies have become increasingly complex over the years, and it has become impossible for our office to know each specific plan and its limitations. Your insurance policy is a contract between you and your insurance company. Your failure to comply with your insurance company requirements, such as necessary referrals and pre-authorizations, may result in you being responsible for the payment of services. Remember that **YOU** are responsible for knowing your insurance benefits. Please bring your insurance card with you to **EACH** and **EVERY** appointment. In order to properly invoice your insurance company, we require that you disclose **ALL** insurance information, including primary and secondary and inform us of any change in your insurance. Failure to provide complete insurance information may result in you being responsible for the entire bill.

No Insurance/Self-Pay Accounts: Self-Pay accounts are patients without insurance coverage, or patients without an insurance card on file with us. For these patients, payment will be due at the time of service, or prior payment arrangements should be made with our office. Failure to pay the balance in full or failure to enter and remain current on a payment plan may result in your not being seen by a provider in our office. In addition, your account will be forwarded to our legal department for collections procedures.

Out of Network: If our office does not participate with your insurance, payment will be due at the time of service. If your coverage is a plan that we feel may cover office visits, we may elect to take your co-pay/co-insurance at the time of service and invoice your insurance company. You will remain responsible for any amount not covered by insurance. All testing for patients with insurance that our office does not participate with will be scheduled in an outside facility. You may be required to provide credit card information authorizing us to charge for any unpaid services. Our office can provide a list of fees upon request.

Referrals: If your insurance company requires a referral for services, you are responsible for obtaining it. Your failure to do so may result in you being responsible for the entire bill of services.

Co-Pay, Deductibles, & Non-Covered Services: For all insurance plans (including Medicare) that we contract with, your carrier requires that all co-pays be paid prior to any services being rendered. This cannot be waived by our practice as it is a requirement placed on you by your insurance carrier. You are responsible for any co-insurance, deductibles, or non-covered services as required by your insurance. You will receive a statement indicating what your insurance has paid, the remaining balance is due upon receipt of the statement. Failure to pay your co-insurance, deductible, or non-covered services, or failure to enter and remain current on a payment plan will result in you not being seen by a provider in our office and you will receive a letter giving you 30 days to choose another Rheumatology group.

Health Share Plans: It is this office's policy to collect full payment for services, unless otherwise specified by your health share plan.

Deductible Health Plans: There are consumer-drive health plans that have a minimum deductible and out-of-pocket limit that is reset each year. If you have a deductible or an out-of-pocket responsibility, Arthritis and Osteoporosis Associates may require you to pay any fee subject to the deductible at the time of your visit. The payment will be applied to whatever patient balance is not paid by your insurance plan, such as, deductibles, co-insurance, co-pays, and/or non-covered services.

Returned Checks: There will be a charge of \$50 for returned checks, which will be payable by cash, credit card, or money order. Returned checks may result in office refusal to accept that form of payment going forward.

Outstanding Balances: It is our office policy that all patient balances be paid in full upon receipt of the patient statement. If full payment cannot be made, payment arrangements can be made by calling our billing department, located in the Freehold office. Failure to pay your balance in full or failure to enter and remain current on a payment plan will result in you not being seen by a provider in our office and dismissed from the practice for financial non-compliance, you will receive a letter giving you 30 days to choose another rheumatology group. If an account is turned over to our collection agency, an additional 25% collection fee will be added to the balance, in addition to all court and legal fees.

KEEP FOR YOUR RECORDS

Arthritis and Osteoporosis Associates
Patient Financial Policy Agreement

I, _____ (Print Name), have received a copy of the Patient Financial Policy from Arthritis and Osteoporosis Associates. I, _____, have read, fully understand, and agree with the expectations set forth.

Signature: _____

Date: _____