



BW Arthritis & Rheumatology

Healthy Joints, Healthy Bones

INSURANCE AND PAYMENT POLICY

We are committed to providing you with high quality medical care. We will facilitate the handling of your medical claims by completing insurance forms for you and accepting direct payment from your insurance carrier. In order to service your insurance needs, we require your understanding of our payment policy.

Please realize that:

- 1.) We cannot guarantee that your insurance will pay your claims. **It is your responsibility to know your coverage based on your insurance plan. If your plan requires a referral from your primary, it is your responsibility to provide the referral or payment must be made up front.**
- 2.) You are expected to provide complete and accurate information; this includes your full name, address, home telephone number, date of birth, social security number, photo ID and your most up to date insurance card. Our staff is fully compliant with all the Health Information Portability and Accountability Act (HIPPA) regulations.
- 3.) You will receive a monthly billing statement from our office, which will indicate any deductible and/or co-pay amounts not covered by your carrier. Deductibles, co-pays and non-covered services are the patient responsibility. Any outstanding balances are due within 30 days of receiving your statement. Non-payment of balances will result in discharge from the practice and will be sent to the Credit Bureau. All balances over \$100.00 will be sent to our attorney for collection and or judgment. The patient will be responsible for attorney fees and court cost if applicable.
- 4.) We require that your pay your co-pay at the time of your appointment. For your convenience we accept cash, personal check, Visa and MasterCard.
- 5.) There will be a \$25.00 charge for all returned checks.
- 6.) We reserve the right to charge the guarantor a \$25.00 fee for appointments and \$40.00 for studies canceled with less than 24 hour notice.

Filing of insurance claims is a courtesy that we extend to our patients. All charges are your responsibility from the date the services are rendered. If payment problems arise, we encourage you to contact us promptly for assistance in the management of your account.

Please contact our business manager if you have any questions about your account.

Guarantor Signature

Date