

Financial Policy Agreement 9.2014

We are doing everything possible to hold down the cost of your medical care due to the increased demands for administrative services. You can help a great deal by eliminating the need for us to bill you. To reduce confusion and misunderstanding between our office and our patients, we have adopted the follow financial policies. We are very dedicated to providing the best possible care and service to you and request your complete understanding of your financial responsibilities as an essential element of your care and treatment. If you have any questions regarding these policies, please feel free to discuss them with the office manager. The following is a summary of our payment policy.

Insurance and Patient Responsibility

Payment is required at the time services are rendered, unless other arrangements have been made in *advance with the office manager*. This includes applicable coinsurance, copayments and deductibles for insurance companies we are contracted with. Our offices accept cash, personal checks (in state only and with valid id of check writer-no temporary checks), VISA, MasterCard and Discover. There is a \$30.00 fee for any check returned and if not addressed, these will be sent to Dallas County Constable Precinct 4 office or Ellis County District Attorney office for processing. We do not accept postdated checks or checks with expired id or no id.

INSURANCE: We bill participating insurance companies and you are expected to pay deductibles, coinsurance, and copayments at the time of service. If we have not received payment from your insurance company within 45 days of service, you will be sent a bill and be held responsible for payment. If the insurance company has requested information from you and you have not returned requested information, the insurance company will deny the claim and therefore hold you responsible for the balance in full. **You are responsible for all of your charges. If your coverage terminates after you have been seen, and it is retroactively canceled, you will be held the balance in full.** If you have insurance coverage with a plan for which we do not have a prior agreement or your have a pre-existing clause on your policy, the charges for your care and treatment will be due at the time of service.

PATIENT RESPONSIBILITIES: In the event that your health plan determines a service is not covered, you will be responsible for the services performed. If we are unable to verify your insurance is active and valid, you will be responsible for charges at the time of service or you are welcome to reschedule. The physicians and mid-level practitioners will be unable to change their “normal course of treatment” due to non-covered service limitations of your insurance benefits. Payment for non-covered services will be due at the time of service or upon receipt of a statement from our office. Statement balances must be paid within thirty days to avoid your account being placed on hold. **If an account goes past 180 days past due, it will go to collection for processing. A collection fee (30% of the outstanding balance) will be assessed.**

PAYMENT ARRANGMENTS: Patients with an outstanding balance of 30 days overdue must make arrangements for payment prior to scheduling appointments. We truly realize that people have financial difficulties. Payment plans must be set up by the patient in person and will automatically deducted by credit/debit card on agreed date. If patient defaults in the agreed to payment arrangement, this will void the payment arrangement and the account will be placed on hold and sent to collection for processing. Please see office manager to make arrangements.

REFUNDS: Refunds will be issued to accounts that have been finalized or paid completely by insurance company and to patients who do not have future appointments already scheduled. Accounts with less than \$20.00 will be used towards the patient's next visit (except BCBS policies) unless the refund is requested by the patient. Refunds are issued once a month to the insured member.

MINOR PATIENTS: Regardless of marital status, we will look to the adult accompanying the patient for payment due at the time of service rendered to the minor patient. If a parent, other than the one accompanying the minor patient to the office, is legally responsible for medical charges, the accompanying parent will be responsible for payment as we are not a party involved in the divorce decree. We will provide a statement showing payment made that can be provided to the financially responsible adult for reimbursement.

OTHER SERVICES

REFERRALS: Our office requires at least 48 hour notice to request a referral, unless the medical visit is a true emergency. It is the specialist responsibility to ensure there is a referral in place prior to your appointment, **not our responsibility**. Waiting until the day of the appointment and requesting that we do a referral could cause your appointment to be rescheduled and we regret we have to do this. Make sure your specialist has the referral prior to your arrival. It is the responsibility of the specialist to ensure they have a referral.

MISSED APPOINTMENTS/ LATE CANCELATIONS/LATE ARRIVALS: Missed appointments represent a cost to us and a missed opportunity to for another patient to be seen during that time we saved for you. Chronic missed appointments can lead to “working you into our schedule” or being dismissed from the practice. Late arrivals that are more than 15 minutes late will possibly rescheduled based upon the description of the physician or practitioner. Habitual tardiness can lead to us determining the best time for our office to work you into the schedule.

PRESCRIPTION REFILLS: Please allow 24-48 hours for refills. Refills will be addressed from Monday-Friday 8:30-4:00pm. If the refill comes in after 4:00pm, it will be addressed the next business day. Narcotic/controlled substances will not be filled on the weekend. Constant calling to see if your medication has been refilled will **not speed up the process**. Most prescriptions are done electronically and can be monitored by our office and software company to ensure compliance. We do not fill medication to last one year. We try to accommodate patient with cost, but we will not put refills on narcotics/controlled substances.

PRESCRIPTON PRIOR AUTHORIZATIONS: Our office can only honor prior authorizations from the pharmacy, as they are the ones who contact us to advise of the need for the authorization. The patient will need to ask their insurance company what “alternative medications” are covered on their plan as **all plans are different**. Not all medication changes will be honored due to some generic brands are not as effective as the brand name medications. Medication changes that have never been addressed by our office and are being requested by the patient will need to be appropriately addressed with an office visit to document the reasons.

FORMS NEEDING COMPLETION: All forms, with the exception of return to work/school notes, athletic school physicals or forms for disability cards for vehicles, are subject to an administrative fee. FMLA, SHORT TERM DISABILTY, COLLEGE PHYSICALS, MISCELLANOUS FORMS AND MILITARY FORMS WILL BE SUBJECT TO A FEE. The fee is payable prior to completion of form, otherwise the form will be returned to you. We will only complete forms where we are the physician overseeing the medical situation. If the specialist is overseeing the medical issue, we will not complete these forms and return to you.

REQUEST FOR MEDICAL RECORDS: In accordance with Texas Law, Dr. Stephen Trammell requires written request for the release of medical records. There will be an administrative fee associated with the release and it is based upon current Texas law. Texas law allows 15 business days to complete your request. Please take this into consideration when you are requesting your medical records. If we have an issue, we will contact you immediately to discuss this with you.

PATIENT/RESPONSIBLE PARTY AUTHORIZATION

PLEASE INITIAL NEXT TO EACH INDIVIDUAL AGREEMENT:

_____ **AUTHORIZATION TO RELEASE INFORMATION:** I agree to authorize the office of Dr. Stephen Trammell to 1) release any information necessary to insurance carriers regarding my (or dependent) illness and treatment; 2) processing insurance claims generated in the course of examination and treatment; and 3) allow a photocopy of my signature to be used to process insurance claims for the period of lifetime. This order will remain in effect until revoked by me in writing.

_____ **AUTHORIZATION FOR ADMINISTRATIVE FEES/COLLECTION PROCESSING FEES:** I understand that I may be responsible for administrative fees incurred for completion of forms of collection processing of my delinquent balance.

_____ **AUTHORIZATION FOR LABWORK AND TREATMENT:** Dr. Trammell's office will order diagnostic test/ screening tests and/or treatment that may not be deemed medically necessary by the insurance company. A claim will be generated showing these services. If the insurance company states these are not covered, pre-existing or in their opinion not medically necessary, I will be responsibility for the cost associated with my treatment.

_____ **AUTHORIZATION FOR ASSIGNMENT OF BENEFITS:** I hereby assign all medical and surgical benefits, to include major medical benefits to which I am entitled to Dr. Stephen B. Trammell. I hereby authorize and direct my insurance carrier, private insurance and other health/medical plan, to issue payment checks directly to Stephen B. Trammell, DO, PA for medical services rendered to myself or my Dependent(s) regardless of my insurance benefits, if any. I understand that I am responsible for any amount not covered by insurance.

By signing below, I understand and accept the policies that have been presented above.

Signature of Patient or Authorized Representative

Date

PRINTED NAME OF PATIENT