

# FINANCIAL POLICY

*J.M. Anderson M.D.*

*Charlene Seale FNP-C RNFA*

*Obstetrics and Gynecology*

Welcome to the practice of Dr. J Anderson and Charlene Seale FNP-C RNFA! We want to ensure the timely management of your account and help you in obtaining reimbursement from your insurance company. To accomplish this, we need your understanding and acceptance of our financial policy.

## **Participating Provider**

Dr. Anderson and Charlene Seale is a provider for a select group of major PPO networks. However, due to the complexity of managed care plans, it is difficult for us to know the details of each patients plan. Therefore it is your responsibility to ensure that Dr. Anderson and Charlene Seale is participating provider in your plan. You should verify this information by contacting your insurance plan or reviewing your provider list before making an appointment. You will be responsible for payment in full for services rendered by Dr. Anderson and/or Charlene Seale if they are not a provider in your plan. We will try our best to inform you of changes in our provider status as they occur.

For Non-PPO plans or traditional "80/20" plans, we will file a claim as a courtesy; however the contract with your insurance company is between you and the company. Dr Anderson and Charlene Seale is not a party final contract. You are untimely responsible for your bill, regardless of any non-payment by the insurance carrier. If within 45 days, payment is not received by your insurance company, payment will be due, regardless of the status of your claim.

## **Co-payments**

We require your co-payment at the time of service. The co-payment specified on your card will be collected. If the co pay amount is not listed on your card, you have a standard "80/20" plan; we will collect 20% of the services rendered.

**YOU MUST PRESENT A VAILD INSURANCE CARD AT THE TIME OF SERVICE IN ORDER FOR CO-PAYMENTS OR 20% CO-INSURANCE TO APPLY.**

## **Deductible**

If you have a high deductible and it is likely that the service rendered will go toward your deductible, we would appreciate payment in fill at the time of service.

## **Precertification of Hospital Admission or Special Services**

Precertification of hospital admissions and other special services is an area we strive to help you with. With the exception of some HMO plans, it is untimely the patients responsibility to inform us when precerification is a requirement of your plan. Due to the carrying policy provisions of all of our patient's plans, it is impossible for us to know each patient's plan provisions. **If you fail to disclose precertification requirements PRIOR to services being rendered, you will be responsible for payment of all related fees in full.**

**FOR OUTPATIENT AND INPATIENT SERVIES PROVIDED OUTSIDE OF DR ANDERSON'S OFFICE, IT IS YOUR RESPONSIBILITY TO BE AWARE OF AND INFORM US OF WHICH MEDICAL FACILITES ARE APPROED BY YOUR PLAN, THIS INCLUDES X-RAY, PATHOLOGY, LABORATORY AND DIAGNOSTIC AND REHABILITATION FACILITES.**

## **Secondary Insurance**

We will gladly file on ONE insurance plan for you. (If your secondary plan is an HMO- we are required to file a secondary claim). IF you require surgery or obstetrical care, we will file your secondary as courtesy, depending on the balance of the account.

## **Responsible Party (Guarantor)**

The guarantor of this account is the patient who comes in for treatment or the adult who brings in a minor child for treatment, regardless of any court decisions or insurance coverage. If someone other than the guarantor brings a minor child in, that person will be required to pay for services rendered and they will be provided a receipt. It is not the policy of Dr. Anderson to become involved in medical bill payment disputes resulting from divorce, etc.

**Obstetrical Care**

Dr. Anderson does not charge for delivery of your baby until the day your baby’s birth. However, we will estimate your portion of the expense by calling your insurance company and verifying benefits. Your estimated portion of the delivery will be due the 28th week of your pregnancy. If you don’t have insurance, we will arrange a payment plan and payment in full will be due by the 28th week of pregnancy. Dr Anderson’s fee for the delivery DOES NOT include fees for lab, sonograms or other diagnostic tests, including non stress test done in the office. These will all be billed as they occur and are separate from the fee for the delivery. Either you or your insurance will be billed accordingly for all of these services.

**Billing of Account Balances**

You will receive a statement for which payment is due upon receipt. If your statement reflects an “insurance balance” your claim is still pending payment. If your statements reflects a “patient balance”, this is the portion for which your are responsible. We strongly recommend your active involvement in the management of you account. When you receive your statement, compare it with your insurance company, contact them. In this way, we can work together to ensure insurance companies honor their part of the agreement.

**Payment Plans**

We understand that from time to time unexpected circumstances may arise which make paying for medical care difficult. With this understanding we provide payment plans to assist you in the management of your account. You may contact the office to arrange for this service.

**NSF Checks**

We utilize the services of ReCheck for any NSF items received. Once returned, these items are handled directly by ReCheck. When we receive 2 NSF checks on your account we will accept only cash or credit for future visits.

**Non Payment of Accounts**

Accounts for which we are unable to collect the balance due will be referred to an outside collection agency. We also reserve the right to report this activity to a national credit-reporting agency. Each physician reserves the right to discontinue patient care for non-payment or non-compliance. In this instance, a sufficient prior notice will be given and records provided.

---

**Acceptance of Financial Policy**

The undersigned hereby certifies that he/she has read, understood and agrees to the financial policy of Dr. J. Anderson and Charlene Seale FNP-C RNFA

\_\_\_\_\_  
Signature of Patient or Legal Guardian

\_\_\_\_\_  
Date

**Assignment of Benefits**

The undersigned hereby requests that payment from authorized insurance carrier or state benefits program be made directly to Dr. J. Anderson for services rendered on their behalf for the period of: LIFETIME. The undersigned also releases the disclosure of medical information for use in obtaining reimbursement by an authorized insurance carrier.

\_\_\_\_\_  
Signature of Patient or legal Guardian