

## Clinic Financial Policy

We are happy that you selected Okatie Surgical Partners for your healthcare needs and look forward to working with you. To help you understand your financial responsibilities in relation to your medical care, we would like to briefly outline our financial policies.

Patients are expected to provide identification and if insured, a current insurance card at time of service. Patients are financially responsible for all services provided and are expected to pay for services received on the same date that services are rendered.

### **Medicare**

The office will bill the Medicare intermediary. Patients are responsible for the following:

- Annual Medicare deductible
- 20% co-pay of the allowed charge
- any non-covered services
- any covered service ordered by the physician which does not meet Medicare's medical necessity and for which the beneficiary signed an Advanced Beneficiary Notice (ABN).

### **Medicare Supplemental**

The office will bill both Medicare and secondary insurances.

### **Medicaid**

Patients are to provide the clinic with a current Medicaid card at each visit. Medicaid patients are responsible for applicable co-pays and for all non-covered services. Medicaid patients are responsible for securing necessary referrals from their primary care physicians.

### **HMOs and PPO's**

Patients are responsible for payment of the co-pay and deductible at the time of service as well as for any charges for which the patient failed to secure prior authorization, if authorization is necessary. If the patient is not prepared to pay the co-pay or deductible, the medical assistant will determine if it is medically necessary for the patient to see the physician. If the patient's condition allows, the appointment will be rescheduled.

### **Commercial**

Patients are responsible for any co-pay, deductible, or non-covered amounts. Insurance is billed as a courtesy. Patients are responsible for the balance in full if not paid by the insurance within 30 days. If the patient is not prepared to pay the co-pay or deductible, the medical assistant or nurse will determine if it is medically necessary for the patient to see the physician. If the patient's condition allows, the appointment will be rescheduled.

### **Self-Pay**

Patients are responsible for payment in full at the time of services for all services rendered.

### **Worker's Compensation**

Patients are not responsible for any charges unless the workers compensation case has been dismissed or denied.

### **Personal Injury/Motor Vehicle Accidents**

The patient is responsible for the balance in full at the time of service. Any settlement you receive from your insurance company will be handled by you, your insurance company, and/or your attorney.

### **Managed Care**

If the patient presents with an out of state HMO/PPO insurance card, we will need to verify the patient's benefits for out-of-state or out-of-network benefits. The patient will either be required to make payment in full or pay any co-pay or deductible.

I understand the above policy and acknowledge that I am financially responsible for services rendered. Further, I agree that if this account results in a credit balance, the credit amount will be applied to any outstanding accounts, either current or bad debt.

---

Patient or Parent/Guardian

---

Date

Rev 5/18/09