

QUINCE ORCHARD MEDICAL CENTER

FINANCIAL POLICY

We strive to provide the highest quality health care, all the while maintaining affordability for you, the patient. We understand that even with insurance, most patients will experience at least some out of pocket expense. Please understand that payment of your bill is considered a part of your treatment. The following is a statement of our financial policy which we require you to read and sign prior to any treatment.

Regarding Insurance

Our office will accept your insurance on assignment and do participate as preferred providers for many insurance plans. However, it must be fully understood that your insurance policy is a contract between you and your insurance company and our office will not enter into a dispute with your insurance company over policy limitations or issues. This is your responsibility and obligation.

All charges incurred are your responsibility, but we will assist you in every way possible to ensure benefit recovery. If you have a question or concern with your reimbursement, you will need to contact your employer or insurance company.

Payment is due at the time of service for all deductibles, copays, and non-covered therapies unless arrangements are made in advance with the Clinic Director. We accept cash, checks, Visa/MasterCard, American Express and Discover.

If you choose not to use your insurance, you will be responsible for the full fee of the services you receive. Our fees are considered usual and customary by most insurance companies. This statement does not apply to companies who reimburse based on an arbitrary schedule of fees bearing no relationship to the current standard of care in this area. The amount each insurance company pays varies from one policy to another.

Medicare

Our office accepts assignment from Medicare. Reimbursement is sent directly to our office in payment for services that Medicare will cover. Medicare patients are fully responsible for charges of non-covered services. Secondary insurance may or may not pay for these non-covered services. Our office completes and files the forms for Medicare at no charge.

For chiropractic care, Medicare will ONLY cover manipulation of the spine. You are required to pay the deductible and the remaining fees for services Medicare does not reimburse. These non-covered services include, but are not limited to x-rays, examinations, therapies, and/or orthotics.

Personal Injury (PI) or Automobile Accidents

There are four options available to the PI patient:

1. Pay the full amount of your treatment at the time of service and we will submit reports whenever necessary.
2. We will bill and accept assignment from the Personal Injury Protection (PIP) portion of your auto insurance.
3. We will accept a Letter of Assignment and Authorization from an attorney. Account balances 90 days past the release date of treatment will incur a 1.5% monthly charge.

Patient Initial: _____

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4. If your PIP has been waived or it has been exhausted, we will bill your standard health insurance plan as a courtesy. You will be responsible for the balance of all charges unless your insurance is an HMO, in which case you will be responsible for all co-pays, co-insurance, and deductibles as they are incurred.

Based on Maryland State Law, we do not accept third party (the other driver's) PIP. Your insurance will recoup their payments from the third party during settlement.

Although you are ultimately responsible for your bill, if your attorney has signed an Assignment and Authorization form we will wait for settlement of your claim to collect your remaining balance. Once the claim is settled all fees for services and service charges are due immediately.

Worker's Compensation

If you are claiming worker's compensation you must provide us with your claim information, including your adjuster's contact information, and a copy of your personal insurance card. We will confirm your authorization with your case adjuster or case manager. In the event payment for your claim is denied by your worker's compensation carrier, we will file the claims with your personal insurance policy. If your claim is denied by your personal insurance, you are responsible for the full payment of your bill.

Please read the following office policy regarding assignments:

1. At the beginning of your treatment in our office we will verify your policy benefits. However, phone or fax verification of coverage is never a guarantee of payment.
2. Your insurance will be filed as a courtesy to you. We file insurance claims on a weekly basis.
3. You will be responsible for your full deductible and co-payment or coinsurance. Payment is due when services are rendered. If your insurance company does not pay as anticipated, you will be responsible for the amount as soon as we/you are of aware of the denial.
4. If your insurance company has not paid a claim within sixty (60) days of submission, you agree to take an active part in the resolution of your claim. If your insurance company has not paid within ninety (90) days of submission, you are responsible for payment of any outstanding balance.
5. Returned checks and balances over 90 days may be subject to additional collection fees and interest charges of 1.5% per month. In the event of default or failure to pay any amounts due, I agree to pay collection costs, including reasonable attorney fees. If this office shall pursue collection of amounts owed, I hereby agree to a waiver of any right to a jury trial.
6. Unless cancelled at least 24 hours in advance, our policy is to charge \$40 for missed appointments. This fee cannot be billed to your health insurance.

I have read and understand this financial policy. I agree to the above terms and understand that I am responsible for all charges incurred by me at Quince Orchard Medical Center.

Patient Name

Guardian Name

Patient or Guardian's Signature

Date