

# NCDS FINANCIAL POLICY

Thank you for choosing us as your health care provider. We are committed to your treatment being successful. Please understand that payment of your bill is considered a part of your treatment.

Medical billing has become a complex issue for most Medical Practices. For that reason we have contracted with NCDS Medical Billing to perform this task for our Practice.

We assure you that NCDS will work very hard to make sure your paperwork is filed accurately and promptly. The following is a statement of our/their Financial Policy, which we require you to read prior to any treatment.

## **BILLING / FINANCIAL QUESTIONS**

Please contact us, we will be happy to assist you.

## **NCDS Medical Billing (800) 556-6236**

**NO INSURANCE COVERAGE.** If you do not have insurance, payment in full is expected at the time of service unless you have made prior payment arrangements with our billing office.

**PLAN PARTICIPATION.** Although this practice accepts many insurance plans, it is virtually impossible for our office to verify whether or not our physicians are covered on your particular plan. So we must ask that you confirm participating provider status directly with your insurance plan before coming in for your appointment. We will not be held responsible for non-coverage of a visit from a plan which we or a certain staff member is not part of the network. You will be expected to pay all balances.

**\* Patients covered by State Medicaid must provide their current Medicaid card at every appointment.**

**SECONDARY / THIRD INSURERS.** Having more than one insurer **DOES NOT** necessarily mean that your services will be covered 100%. Secondary insurers will pay based on the response of your primary carrier. We may or may not bill additional carriers based on NCDS's agreement with your provider. You are responsible for any balances after your primary insurance has cleared.

**CO-PAY.** All insurance co-pays are due at the time of service as required by your insurance company. Even if you carry a secondary commercial insurance that may cover your primary insurance co-pay, you are still required to pay your co-pay at the time of service. We **do not** bill secondary insurance for the primary carrier co-pay.

**REFERRAL.** If you belong to an insurance plan that requires a referral for specialist care it is your responsibility to obtain the referral from your Primary Care Physician (PCP) prior to your visit with us. Your PCP must send a copy of the referral to our office or you must bring it along with you at the time of your visit.

**\* Our agreement with your plan does not allow us to see you until we have a completed referral form.**

**INSURANCE & INSURANCE COLLECTION.** Please understand that insurance reimbursement can be a long and difficult process for our office. In fact, insurers will routinely stall, deny, and reduce payments. To that end, our billing staff is extensively trained to maximize your insurance reimbursement while reducing the time in which they pay.

However, sometimes involvement from the subscriber (you) is essential in expediting processing and payment of a claim by your insurance plan. We would greatly appreciate your prompt attention to any materials or questionnaires your insurance company may send to you by responding to them immediately, as payment of the claim(s) may be pending your response to such inquiries.

**MOTOR VEHICLE ACCIDENT.** This office will only bill auto insurance for motor vehicle accidents on a case by case basis...

**PATIENT ACCOUNT STATEMENT.** An account balance becomes the patient's responsibility for three basic reasons:

- 1) Your insurance has paid for services and the balance remaining is member liability.
- 2) Your insurance has been billed and either denied or pended the claim(s) or not responded at all to claim submission within 60 days from the billing date.
- 3) No insurance information or **invalid** information for you exists in our files.

If you are unable to make immediate payment of your plan deductible or co-insurance, or if you do not have insurance (or services are not covered by your insurance plan) and you are unable to pay in full at the time of your visit, please discuss this matter with NCDS Medical Billing. In such situations, we are very amenable to developing creative reimbursement plans PRIOR to services being rendered. However, if prior arrangements are not made, your account may be turned over to collection when it is overdue.

You will receive a monthly statement with your account balance. If you have insurance your statement will show what has been determined to be your responsibility from the response of the carrier.

**\* If your primary carrier is a managed care plan or Medicare a statement will only be mailed when there is a balance on the account that is your responsibility. Be aware that we consider the balance your responsibility even if there is a secondary carrier.**

An unpaid balance is considered past due after 45 days. If two consecutive statements have been sent to you but no payment has been received on your account to reduce your responsibility, you may receive a collection letter and be considered for further collection activity. If your account must be turned over to a third party collection agency, you risk possible damage to your credit. This action would also cause a breach in the physician/patient relationship, resulting in discharge from the practice.

The office may choose not call in any prescriptions to any pharmacy if the patient has an outstanding delinquent balance on their account.

No surgeries will be scheduled if a patient has an outstanding delinquent balance, except in the case of an emergency.

**MISSED APPOINTMENTS.** If you are unable to keep your appointment, we request that you give us at least 48 hours advance notice of your cancellation. There may be a fee for "no-shows."

**DIVORCE DECREES.** This office is NOT a party to your divorce decree. Adult patients are responsible for their bill at the time of service. The financial responsibility for minors rests with the accompanying adult.

**OTHER LEGAL ISSUES.** Although we may be sympathetic to your cause, we are not a party in any pending litigation you may have filed, and we expect payment in full immediately for services.

**MINOR PATIENTS.** Unaccompanied minors may be denied non-emergency treatment.

I, \_\_\_\_\_ (PATIENT NAME) have received, read and understand the **Financial**

**Policy** of \_\_\_\_\_ (PRACTICE NAME).

**X** \_\_\_\_\_

Date \_\_\_\_\_

North Eastern Ohio Podiatry Group, LLC  
**FINANCIAL POLICY**  
440-953-3668

1. It is your responsibility to present **your insurance ID card and a photo ID at the time of your visit**. In accordance with your insurance company's member handbook, it is your responsibility to **provide accurate insurance information – at the time of each visit**.
2. If you do not have insurance or do not present a valid insurance card, you will be responsible for payment at the time of service. We will provide you with a copy of our billing statement so that you can attempt to obtain reimbursement from your insurance company.
3. It is your responsibility to ensure that our physicians are in your insurance network.
4. If your insurance plan requires a referral, it is your responsibility to obtain this prior to being seen by our physicians. If this referral is not obtained and your claim is denied, the unpaid balance will be your financial responsibility.
5. **All co-payments are due at the time of visit**. Post-dated checks are not accepted.
6. **The fee for a returned check is \$60.00**.
7. Once benefits are verified and your financial responsibility is calculated, you will be notified of your payment amount and due date. After you have been notified of the said amount, **all balances are due PRIOR to any further office visits, procedures, or surgeries**.
8. Payment is due for rendered services 10 days from receipt of your billing statement. Unpaid balances must be paid in full prior to any additional visits unless arrangements have been made with our Practice/ financial counselor.
9. The billing department will send out statements for any unpaid balances. Each additional statement, after the first one, will be charged a \$20 processing fee and that fee will subsequently be added to your current balance.
10. You are ultimately responsible for payment of charges for services you receive from a North Eastern Ohio Podiatry Group, LLC/ Sole Perfection Physician.
11. Cancellations for any scheduled appointment or procedure must be received at least 24 hours prior to the scheduled appointment. **Patients who fail to keep and/ or cancel a scheduled appointment may be charged a \$50.00 No Show Fee**.
12. **We reserve the right to not schedule a patient in the future at all - after 2 consecutive no-shows or if multiple no shows occur**.
13. Cancellations for scheduled surgery must be received at least 5 days prior to the scheduled surgery date. There is a **\$100.00 cancellation fee for scheduled surgeries that are cancelled less than 5 business days** from the date of the surgery unless cancellation is due to insurance denial or medical necessity.
14. Patients who fail to keep their surgery appointment will be subject to a **\$300.00 surgery No Show Fee**.
15. Medical record requests must be received in writing and at least 3 business days or 72 hours, whichever is greater, prior to the date needed. No fee will be charged to a patient requesting their medical record copy sent directly to another provider. Any other requests for medical records are subject to a fee according to State of Ohio law. Fees must be received prior to the records delivery. Medical records will be sent to the authorized address. An official records release form must be signed by the patient prior to release of the records. Separate fees would be charged for copying Radiology images produced on our local office equipment, using our Practice' own media.
16. **Expediting requests for records/ images is subject to additional fees of \$50.00 to produce copies within 1 business day**.

17. Administrative Services: There is a \$25.00 charge for each required Administrative Service payable prior to service completion. This Administrative Service Fee covers specific administrative services including, but not limited to: forms completion for family medical leave and disability, letters for insurance authorizations for brand or non-brand formulary drugs, letters for employers, school, health clubs and any other administrative items not covered by insurance.
18. During your care, some outside diagnostic services or additional durable medical equipment may be required. The provider of these services will bill your insurance company separately and you will be responsible for all charges as determined by your insurance company policy to these individuals. North Eastern Ohio Podiatry Group, LLC / Sole Perfection does not have any responsibility for those services or fees.
19. Please be advised that our Practice is an independent podiatric medical practice, not bound by/ subject to any HCAP or similar agreements that might be in place for patients receiving services in Hospitals, and other facilities. As a result, **the HCAP patients** referred to us by those facilities **should expect to be charged and pay for our services according to the self-pay fee schedule.**
20. Visits involving work related injuries require detailed information on injured patient's BWC claim numbers/ proper referrals/ records release authorizations/ employer information/ employment status/ job duties/ footwear requirements/ legal representative name and contact information (if retained one).
21. Visits involving liability insurance / motor vehicle accident insurance require the insurance information as well as the name and contact information of the legal representative (if retained one).
22. Due to the lengthy process of authorizing the durable medical equipment items by health plans, ordering custom items, scheduling their pickup by patients – we require a \$100.00 deposit ahead of ordering the said items from our vendors. The deposit amount is refundable subject to the insurance allowed amount and coverage. Since the items are billed to the insurance if and when they picked up by patients, the deposit becomes non-refundable if the item is not picked up within 30 days of our receipt of the item.