

## Southwest General Medical Group, Inc.

### Financial Policy

We are dedicated to providing you with the highest quality of healthcare. Beyond the practice of medicine, all physicians are constantly faced with the task of working with many different insurance companies who help coordinate your healthcare and also help you meet your medical financial responsibilities. Consequently it is important to us that you understand our financial policy. If you have any questions or billing problems please feel free to contact our billing department at (440) 816-2766.

**Your responsibility** begins when you call to make an appointment. Please know your insurance. Be aware of what they pay for and do not pay for, as well as any co-pay and deductible. It is very important that all demographic information you provide at the time of scheduling is accurate.

As you register at each visit, before seeing the doctor, you will be asked to verify all demographic information. At this time you are expected to present your current insurance card(s). If you do not have your current insurance card, you will be treated as self-pay and expected to pay, in full, for all services provided at time of service. All services are rendered to you, as the patient. Therefore all charges are ultimately **your responsibility** for payment. You will be expected to sign this form as acknowledgment of your financial responsibility.

#### **Self-pay Patients**

Self-pay patients unable to participate in prompt pay will be requested to pay a minimum of \$100 toward their office visit or \$500.00 toward medical procedures; cost based on the actual procedure performed. The balance of the visit or procedure will be billed to the patient without any discounts.

#### **Private Insurance**

Your health insurance coverage is a contract between you and your health insurance company. It is **your responsibility** to know your plan. You need to know who your primary care physician is, what your plan will and will not pay as well as your co-pay and deductible. You are to present your current insurance card upon registering before each visit. We will submit your services to your insurance company as long as you have provided us with the proper information to do so. If we are a participating provider with your plan, all co-pays are due in full at time of service and we will accept the usual and customary rate allowed by your insurance company. If we are not a participating provider with your plan **you will be responsible** for full payment of services, regardless of your insurance company's determination of usual and customary rates. If no response is received from your insurance, the bill is made **your responsibility**.

#### **Workers' Compensation**

It is **your responsibility** to notify us prior to or upon registration for the first office visit, that your case involves a workers' compensation claim. Otherwise, we will bill your regular insurance or hold you responsible for all charges. **You are responsible** for making sure that we receive the BWC claim number, managed care organization handling claim, allowed diagnosis and accurate date of injury. Upon receipt of this information your claim will be filed with the Bureau of Workers' Compensation. Until all appropriate information is received, **you are responsible** for the bill. Regular insurance will not be filed for any visits associated with a possible workers' compensation claim, unless a notification is received from the BWC that the claim has been disallowed.

#### **Motor Vehicle Accidents**

Southwest General Medical Group does not accept any letters of payment from any third party. All co-pays must be paid at each and every visit. In the event accident treatment is not a covered service under the health insurance policy, any balance due must be paid in full at the time services are rendered. In the event we are uncertain as to whether the policy covers treatment for MVA's, we will bill the carrier. If the carrier denies coverage, the patient must pay the balance within (30) days.

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### **Medicaid**

We continue to see already established patients with Medicaid. **It is your responsibility** to present your current Medicaid card upon registration at each visit. If you do not present your current card at the time of service, **you will be responsible** to pay for the charges in full or reschedule your appointment.

### **Divorce/Child Custody**

The parent accompanying the child to their visit will be expected to sign the encounter (billing) form and is ultimately responsible for the bill.

### **Unaccompanied Minors/Students**

Arrangements must be made in advance if you are unable to accompany your child to the office for an appointment. Please call our office to verify all demographics for our records. Be sure to give your child, or person accompanying your child, written permission for our office to treat your child, the proper health insurance card and co-pay, where appropriate. If self-pay, payment in full is expected at time of service.

### **Missed Appointments/Late Cancels**

Unless cancelled 24 hours in advance, our policy is to charge \$50.00 for missed appointments. Please allow us to serve you and other patients better, by keeping scheduled appointments. This charge is not reimbursable by your insurance and is **your responsibility**.

### **Prompt Pay Discounts (PPD)**

Prompt Pay Discounts (PPD) - For those who choose not to go through the financial assistance application process, uninsured patients will be eligible for a discount of 20% on the total fee for the visit or procedure. Patients who choose to complete the financial assistance application may be granted a greater discount based on the patients current financial status. In order to receive the discount payment must be received at or before the time of service.

### **Additional Information**

Any account that goes beyond 90 days (3 months) with an unpaid balance, and for which no contact or arrangements have been made, is automatically put into our collection system.

**Please be prepared when you schedule an appointment. Know your insurance and your responsibilities.**

**If you ever have any questions or concerns in regard to your bill please call our office.  
(440) 816-2766.**

**At times temporary financial problems may affect the timely payment of your account  
You are encouraged to contact and keep in touch with our billing department to do everything possible to keep our relationship in good standing.**