



Financial Policy
Effective February 19, 2018

Thank you for choosing Bowling Green Internal Medicine & Pediatric Associates as your health care provider. We appreciate your trust in us and the opportunity to care for you.

Our office does not accept walk in appointments. Appointment times over **20 minutes** late will have to be rescheduled for another date and time.

Our office and physicians make a great effort to get insurance companies to pay their share of the cost of this care in a timely manner. However, due to the recent changes brought on by the Accountable Care Act, this is becoming more challenging. We have therefore implemented a new Financial Policy; please read and sign the policy acknowledgement form. If you have any questions, please ask to speak with the Office Manager.

Patient Payments

Payment (co-payments or co-insurance) is due at the time of service. If you have an outstanding balance, please make sure whoever accompanies that patient to the visit is prepared to pay it. We accept cash, check, or credit/debit card to pay your account.

Medicare Patients

On January 1st of each calendar year Medicare requires that a \$183.00 deductible be satisfied prior to benefits being paid at 80% of the reasonable and customary amount. If you have not met your deductible prior to your office visit you will be responsible for your charges until your deductible is met. Once the deductible is satisfied you will be responsible for 20% of your charges. The only exception to this is a secondary supplemental plan that would cover the 20% of your charges. Please present all insurance cards to the front office upon your initial visit so this can be identified. If our office is aware that certain services are considered non-covered by Medicare, you will be asked to sign an Advance Beneficiary Notice that we informed you of any non-covered service and your financial responsibility.

First Statement

Your insurance policy is a contract between you and your insurance company. This contract requires that we collect certain co-payment or prepayment amounts depending upon the type of insurance and insurance carrier at the time of service.

Regardless of your insurance status, when we determine that you owe a balance, we will mail a statement to the mailing address provided to us by you. If your address changes, you are responsible for notifying us. All statements are also available on our secure patient portal. Payment is due upon receipt of the statement.

Please contact our office as soon as possible after receipt of your statement should you have any questions, or should you wish to discuss the outstanding balance. Should you need it, we can help you set up a payment plan with a valid credit card. The credit card use will automatically be charged a monthly basis. We require payment plans to be arranged before your bill is 30 days old. If your insurance pays us after that time, you will be reimbursed.

Prompt Pay Discount

Bowling Green Internal Medicine & Pediatric Associates provides a prompt pay discount to those uninsured patients who pay for services at the time of service, thereby avoiding billing and collection costs by the practice. These discounts are set at 25% off the retail price of an office visit. Discounts do not apply to any services other than office services. Prompt pay discounts are not offered to insured patients where Bowling Green Internal Medicine & Pediatric Associates is contractually required to accept a specific fee schedule. However, we do everything we can to mitigate the expense of anyone who is underinsured.



Subsequent Statements and Unpaid Balances

If your account remains unpaid, subsequent statements will be sent to the address we have on file. When your balance is 75 days past due your account will be frozen and turned over to an outside collection agency for non-payment. Once the account is paid or payment arrangements are made through the collection agency, your account will be un-frozen.

Insurance Coverage

While we make a good faith effort to verify your insurance coverage, we are not liable to guarantee that the information given to us by your insurance is correct. It is your responsibility to know what services may or may not be covered by your insurance. We encourage you to refer to your benefits manual if you have any questions about covered services and work with us to make sure that these services are provided at the most cost-efficient manner.

I agree to provide Bowling Green Internal Medicine & Pediatric Associates with the most current and accurate insurance information as it applies to me or my child's account. I will notify the office of any changes to insurance and agree to the assignment of benefits. Finally, if insurance information you provide delays payment, you will be asked to pay in full billed charges and seek reimbursement from your insurance provider directly. The insurance company gives us a very small window in which to file a claim, and incorrect insurance information usually delays this beyond their window.

Workman's Compensation

Any patient being seen for a work-related injury must have prior written approval from the workman's compensation carrier prior to being seen. Our office must be able to verify the reason for the visits as well as coverage for the date of service. The information should include the insurance company name, address, phone number, adjuster's name, injury date and workman's claim number. We cannot schedule the patient without this information. Failure to present this information on the day of the visit will result in rescheduling the visit for another date and time.

Third Party Liability Claims

Third party liability claims will be considered on a case-by-case basis. Prior to the visit in our office we will require all necessary billing information in writing. This information will include the names of all involved parties; complete insurance information, adjusters name and claim number if applicable. If you have attorney representation this information must also be provided.

Referrals

Please be aware of our office policy in reference to referrals. If your insurance company requires a referral when seeing another physician or specialist, please allow us 7 days' notice to prepare your referral form for a non-emergency visit. If the 7-day notice is not received or another physician's office calls the day of the appointment, in a non-emergency situation, the referral will be denied, and you will be responsible for the visit. All non-emergent referrals will be done on the Monday prior to your visit with the other physician or specialist. All emergency referrals will be handled on a case-by-case basis. Please notify the office as soon as possible in an emergency. As a courtesy, we would like to inform you that various insurance companies will not allow us to do a back dated referral. It is very important that you keep us informed when a referral is needed for any reason. It is the responsibility of the patient, or insured if a minor child is involved, to inform our office if a referral is needed due to the various numbers of insurance companies and policies that have different levels of benefits.

Child Advocacy

As an advocate for our young patients, Bowling Green Internal Medicine & Pediatric Associates will not intervene in any custody dispute or financial responsibility dispute between parents or other responsible parties. We will send statements to any one address provided; however, we cannot look to more than one party for financial responsibility.

We welcome the opportunity to discuss any aspect of our financial policy. Please ask to speak with the Office Manager if you have any questions, comments, or concerns. We thank you for your support and look forward to serving you in the future.