

OFFICE FINANCIAL POLICY

APPOINTMENTS:

- 1. Copayments:** Copayments for clinic visits are due at the time of service. If you are unable to make your copayment at your scheduled appointment, IPA reserves the right to reschedule your appointment to a later time when you are able to make copayment. Outstanding balances are due at time of appointment.
- 2. Procedure Payment:** IPA will collect your payment for a procedure during your appointment. Your payment will be based on an estimate of your expected financial responsibility according to your insurance. This will only be an estimate. You are responsible for any unpaid balance after your insurance (if applicable) has been billed.
- 3. Missed Appointment Fee:** If you are more than 15 minutes late, we may reschedule your appointment, and a no-show fee of \$50.00 will be charged to your account. If you do not show to your appointment a \$50.00 fee will be charged to your account. If you do not show to your procedure appointment a \$100.00 fee will be charged to your account. Cancellations and rescheduling must be done with at least 24 hour notice to avoid fee. These charges are your responsibility and will not be charged to any insurance carrier.

INSURANCE PAYMENTS:

- 4. Financial Responsibility:** Your insurance policy is a contract between you and your insurance carrier. You are ultimately responsible for payment in full for all medical services provided to you. Any charges not paid by your insurance carrier will be your responsibility.
- 5. Coverage Changes and Timely Submission:** It is your responsibility to inform us in a timely manner of any changes to your billing or insurance information. There is a time limit within which IPA must submit a claim on your behalf to your insurance carrier. If IPA is unable to submit your claim within this period because we have not been supplied with your correct insurance information, you will be responsible for the charges.
- 6. Self-Pay:** If you do not have health insurance, or if your health insurance carrier will not pay for services rendered by IPA physicians, you are considered a self-pay patient. Your charges will be based on our current self-pay fee schedule. Self-Pay patients are expected to make in full payment at the time of service. Payment plans are available in some conditions.

BENEFITS AND AUTHORIZATIONS:

- 7. Insurance Plan Participation:** We participate in many but not all insurance plans. It is your responsibility to contact your insurance company to verify that your assigned physician participates in your current plan. Out of network charges, such as copay's and deductibles, may be higher.
- 8. Referrals:** Referral and prior authorizations vary widely among insurance companies. If your insurance carrier requires a referral for you to be seen by IPA, it is your responsibility to be aware of this, and to obtain the referral.
- 9. Prior Authorizations and Non-Covered Services:** IPA may provide services that some insurance carriers require prior authorizations for. It is ultimately your responsibility to ensure that these services provided to you are covered benefits and authorized by your insurance. IPA, as a courtesy to patients, makes a good faith effort to determine if services we order are covered by your insurance plan, and if, a prior authorization is needed. If determined a prior authorization is needed, we will attempt to obtain such authorization on your behalf.
- 10. Out of Network Payments:** If we are not part of your insurance carrier's network, and your insurance carrier pays you directly, you are solely responsible for payment and agree to forward the payment to IPA.

ACCOUNT BALANCES AND PAYMENTS:

- 11. Reassignment of Balances:** If your insurance company does not pay within a reasonable time, we may transfer the balance to your sole responsibility. Please follow up with your insurance carrier to resolve non-payment issues.

12. Collection of Unpaid Accounts: If you have an outstanding balance over 120 days old and have failed to make payment arrangements, we may turn your balance over to a collection agency, which may result in reporting to credit bureau and/or legal action. IPA reserves the right to refuse treatment to patients with outstanding balances over 120 days old. You agree to pay IPA for any expenses we incur to collect on your account, including reasonable attorney fees and collection costs.

13. Returned Checks: Returned checks will be subject to a \$25.00 fee, and result in a cash only payment for all future payments.

14. Statements: Charges shown by statements are agreed to be correct and reasonable unless protested within 30 days of the billing dates.

15. Disclosure: Pursuant to Federal and Texas Law please note that Dr. Scott Irvine and Dr. Andrew McDavid have financial agreements with the following entities: Central Texas Day Surgery Center. If you are referred to any of these entities, Dr. Irvine and Dr. McDavid will receive direct remuneration. If you have any questions regarding this paragraph, please discuss them with Dr. Irvine or Dr. McDavid directly.

MEDICARE AUTHORIZATION:

16. I requested that payment of my Medicare benefits be made to Integrated Pain Associates or under their direction. I understand my signature requests that payment be made and authorizes release of medical information necessary to pay the claim. In Medicare assigned cases, the physician agrees to accept the charge determination of the Medicare carrier as the full charge and the patient is responsible only for the charge determination of the Medicare carrier.

I have read and understand the above policies and procedures for the offices of integrated pain associates

_____	_____
Patient Signature	Date
_____	_____
Legally Authorized Representative Signature	Date