- This office participates in a variety of Health Insurance programs and will file claims for you. You are expected to pay all co-pays and deductibles at each visit. Failure to do so can result in action by your insurance carrier.
- Office charges are due and payable at the time of service. Our billing office is here to help facilitate insurance claims and questions that you may have.
- Professional services are rendered to the patient, not an insurance company. Since every insurance company is different, please be sure to check your coverage and ask questions before services are rendered. We are here to help in any way we can.
- Your insurance can deny payment for services or procedures after they are performed. We will verify coverage, benefits and get precertification if needed for all scheduled surgeries as a courtesy to you. We advise that you also contact your insurance company prior to surgery so that you will know the benefits of your plan.
- Payment may be made by Cash, Check, Visa, MasterCard, and Care Credit.
- The billing office files claims for all carriers with whom we participate. Payments are made directly to our office. They will provide you with an Explanation of Benefits (EOB) of the charges, amount covered by your policy, and payments made to our office on your behalf. Your insurance may or may not have allowed a portion of your bill. The remaining balance is your responsibility. If you have a secondary plan, the billing office will submit a claim with your primary insurance payment information to the secondary carrier.
- The billing office submits all Medicare claims for you. You are responsible for yearly deductibles, non-covered services, and co-payments when there is no secondary insurance.
- Workman's Compensation and Legal Representation claims are filed as a courtesy to our patients. However, if a claim is denied, unsettled, or unpaid within 60 days, we request that you file a personal claim and pay the bill in full. In all legal matters you are responsible for payment.
- Special Consideration is given to patients financially unable to pay in full at the time of service. Arrangements should be made in advance with the billing office. We do not have an established Charity Program, but will consider financial arrangement based on your needs and income.
- FMLA and Disability papers can be completed for a fee of \$5 to \$10, depending on the number of pages.
- There will be a \$30 fee for all returned checks.
- Delinquent accounts are turned over to a collection agency after 90 days.