

SWENT INSURANCE FINANCIAL/BILLING POLICY

Thank you for choosing our practice! Our specialists are committed to the success of your treatment and care. Because patients have told us they want to know our financial policies prior to consultations and procedures, we have outlined them below. If you need further information about any of these policies, please ask to speak with a Billing Specialist or the Practice Manager.

How May I Pay?

We accept payment by cash, check, Visa, MasterCard, Discover, and Care Credit.

Do I need a referral?

If you have an HMO plan with which we are contracted, you need a referral authorization from your primary care physician. If we have not received an authorization prior to your arrival to the office, we will ask that you contact your primary care physician to obtain it. If you are unable to obtain the referral at that time, you will be rescheduled or may pay out of pocket for the visit.

Which plans are you contracted with?

Please see attached list of plans

Do you charge interest?

We do not charge interest.

What is My Financial Responsibility for Services?

Your financial responsibility depends on a variety of factors, which are outlined below:

Private Pay:

Payment at the time of service is required. To avoid the additional costs associated with billing and sending out a statement we offer a discount to patients without insurance coverage who pay for their services in full at the time of their visit.

Medicare Part B:

We are participating providers with Medicare. We will accept secondary insurance if it is a Medigap policy and Medicare automatically forwards the claim. You will be required to pay your Medicare deductible at the time of service and any coinsurance responsible.

Worker's Compensation:

We DO NOT ACCEPT Worker's Compensation patients.

Medicaid:

We only accept traditional Medicaid when it is secondary to Medicare.

Contracted Managed Healthcare: (HMO's, PPO's, POS's and EPO's)

If office services/test are covered: All applicable copay's and deductibles are requested at the time of the office visit. If the physician recommends a procedure we will estimate your coinsurance payment and provide this information to you. A deposit will be requested prior to the procedure. If the requested procedure is not covered by the plan: payment in full is requested prior to the procedure.

Indemnity/Fee for Service:

As a courtesy to our patients we will file a claim to their insurance provided they have met their annual deductible and pay their coinsurance at the time of service. If the patient has not met the annual deductible we will estimate your coinsurance payment and provide this information to you. Payment is expected at the time of service and our office will file a claim upon request.

Return Check Policy:

You will be charged a return check fee of \$30 to redeem the check. If the check is not paid within 10 days it will be turned over for collection.

Collection Policy:

If after reasonable efforts on our part we do not receive payments for services rendered we will place the patient in collections and the patient will be dismissed from the practice.

To assist in correct billing and collection our staff is required to handle all patients as follows:

1. All Insurance cards are to be scanned.
2. All Insurance cards are to be verified at every visit.
3. All copay's, deductibles, coinsurance and non covered services are to be collected at checkout.
4. Insurance is to be verified prior to patients checking out.
5. Make sure referrals have been received and are current prior to visit.
6. Surgery deposits are to be collected at the patient pre-op appt or by 3pm the day prior to surgery.