

Billing and Payment Policy

We are dedicated to providing you with the best possible care and service. We consider your understanding of our financial policies an essential element of your care and treatment. To assist you, we have established the following policies. If you have questions, please feel free to discuss them with our staff.

Unless other arrangements are made in advance by either you or your health insurance carrier, payment is due at the time of service.

We have made prior arrangements with some health insurance plans (see list of contracted insurance companies). We will bill on your behalf with plans with which we have an agreement and will collect any required patient co-payment at the time of service. In the event your health plan determines a service is “non-covered” or not paid within 60 days of billing, you will be responsible for the full charge. Payment will be due upon receipt of that statement.

Patients are expected to show the most current health insurance card at each visit.

If you do not have a current health insurance membership card or written proof of health coverage with billing information at the time of your appointment, you will be responsible for payment in full at the time of service. You will be furnished with a receipt you can turn in to your insurance company for reimbursement.

If you have health insurance coverage with a plan with which we do not participate, you will be responsible for payment in full at the time of service and will be furnished with a receipt you can turn in to your insurance company for reimbursement.

We will, as a courtesy to you, bill all health insurance plans for services we provide in the hospital. Any balance after 60 days is your responsibility and is due upon receipt of a statement from our office.

Since all insurance policies are different, we strongly suggest you contact your Member Services Department and discuss your medical benefits with them. This will help you better understand your coverage. We will try and assist you in obtaining the highest level of benefits for which you are entitled.

Your insurance company may require referrals, authorizations or pre-certification for hospital admissions. This is your responsibility, though we will make every effort to assist you. Your insurance benefits may be reduced or denied if your health plan requirements are not followed. Please make yourself familiar with your benefits.

We do not accept health discount cards or workers compensation plans.

If there is a credit on your account after the insurance company has paid your claim, you will be refunded any amount you over paid.

If you have a change in your health insurance coverage at anytime during your medical care, please notify the business office immediately to prevent reduced or denied benefits.