

## FINANCIAL POLICY

Select Surgical, PLLC believes that having a Financial Policy to clearly outline patient and practice financial responsibilities contributes to a good healthcare practice. We are committed to providing the best possible medical care to our patients and minimizing administrative costs. With these objectives in mind, we have established this Financial Policy so our patients will have a clear understanding about financial obligations for professional services.

- 1) **INSURANCE** – Select Surgical participates with numerous insurance plans. We will submit claims to the insurance companies with which we participate. **It is important to remember that health insurance coverage is a contract between the patient and the insurance company and not the insurance company and the provider.** It is important for you, as the patient, to educate yourself as to what services are covered by your policy as well as any deductibles and co-pays.

**Referral** – It is the patient's responsibility to ensure that any required referral be provided to the practice before the visit. Visit may be rescheduled, or the patient may be financially responsible if a required referral is not obtained.

**Current information** – It is the patient's responsibility to provide us with accurate and current demographic and insurance information. Because it is our objective to protect our patients from identity theft, we ask that you bring your insurance card and driver's license (or other photo ID) with you to each visit.

**Office visit services** - We will submit a claim to the insurance company, however it is the patient's responsibility to pay any deductible, co-insurance, or any portion of the charges as specified by the plan at the time of the visit. Office appointments will be rescheduled if owed charges are not paid at the time of registration on the date of service.

**Hospital or outpatient services** - We will submit a claim to the insurance company. Any co-pay, deductible or non-covered portions will be subsequently billed to the patient.

- 2) **PAYMENT** for office services is required at the time of check-in/registration, otherwise the appointment will be rescheduled. Prompt payment is expected for any billed services. Balances not paid within 90 days will be turned over to an outside collection agency unless prior payment arrangements have been made.

**Types of Payment Accepted** – Payment may be made by cash, check, VISA, MasterCard or Discover.

**Returned Checks** – There is a \$30 service charge for returned checks. Payment will then be requested in cash, money order or credit card for the balance due and the service charge.

**Large Balances** – Some patients may accrue large balances for services provided. Upon request, we will work with these patients to set up a mutually feasible payment plan. In extreme circumstances, proof of financial hardship may be required. Please understand that we cannot waive co-pays, deductible or non-covered services as this would be a violation of our agreement with the insurance companies.

**Miscellaneous Forms** - Completion of forms for disability, life insurance applications, etc. requires time away from patient care and business operations. **There is a \$30 fee, payable in advance, for completion of these forms.** Please understand that in order to complete forms, your medical record must be reviewed, forms completed, signed by the physician, and copied. Please allow 3 days for this process.

Informing our patients about our financial policy assists us in providing the best service to our patients. Thank you for taking time to read this policy statement. Should you have further questions, please contact our Billing Department. We are here to help you.

# SELECT SURGICAL, PLLC

## Financial Policy

I have read and understand the financial policy of Select Surgical, PLLC.  
I agree to be bound by its terms and conditions.

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Patient (Printed Name)

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Patient Signature

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Date

PLEASE BRING WITH YOU AT TIME OF APPOINTMENT