



A Clarian Health Partner

Financial Policy

Thank you for choosing us as your healthcare provider. We are committed to providing you with quality and affordable health care. Your understanding of our financial policy is an important step in this process. Please read it, ask us any questions you may have, and sign in the space provided. A copy will be provided to you upon request.

Insurance. We participate in most insurance plans, including Medicare. If you are not insured by a plan we do business with, payment in full is expected at each visit. If you are insured by a plan we do business with, but don't have an up-to-date insurance card, payment in full for each visit is required until we can verify your coverage. Knowing your insurance benefits is your responsibility. Please contact your insurance company with any questions you may have regarding your coverage.

Co-payments and deductibles. All co-payments and deductibles *must* be paid at the time of service. This arrangement is part of your contract with your insurance company. For your convenience, we accept personal checks, cash, MasterCard credit/debit card, VISA credit/debit card, and Discover.

Non-covered services. Please be aware that some – and perhaps all – of the services you receive may be non-covered or not considered reasonable or necessary by Medicare or other insurers. You must pay for these services in full at the time of visit.

No Insurance. If you do not have insurance, you are considered to be self-pay. Self-pay balances are due at the time of service unless other arrangements are made in advance.

Limited Means. We offer financial assistance to patients whose income is at or below 200% of the current Federal Poverty Level. Please contact the billing department for a financial assistance application.

Worker's Compensation. We will recognize and bill Worker's Compensation *only* when the employer verifies coverage and confirms payment to La Porte Regional Physician Network

Proof of insurance. All patients must complete our patient information form before seeing the doctor. We must obtain a copy of your driver's license or other picture ID and current valid insurance card to provide proof of insurance. If you fail to provide us with the correct insurance information in a timely manner, you may be responsible for the balance of a claim.

Claims submission. We will submit your claims and assist you in any way we reasonably can to help get your claims paid. Your insurance company may request certain information from you before approving your claim. It is your responsibility to return the information to your insurance company in a timely manner or the claim may be denied. Please be aware that the balance of your claim is your responsibility regardless if your insurance company pays your claim or not. Your insurance benefit is a contract between you and your insurance company; we are not a part of that contract. If your insurance company does not pay your claim within 45 days, the balance will automatically be billed to you.

Confidentiality. We are obligated to protect the privacy of all of our patients. We will not discuss your account with anyone other than yourself unless you have given written permission for us to do so. Regardless of who pays the bill or whose name the insurance is in, we are not allowed to discuss with husband/wife; parents/child over age of 18.

I have read and understand the payment policy and agree to abide by its guidelines:

Signature of patient or responsible party

Date