

## Surgical Practice, Ltd | Financial Policy

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Welcome to Surgical Practice Ltd.(SPL) It is our goal at SPL to provide you with the very highest level of quality health care and also to help you in obtaining payment from your insurance company. It is very important that you read and understand our financial policy before receiving treatment from our physicians. If you have any questions about the following information, please do not hesitate to ask for further clarification.

Financial Responsibility: SPL will bill your primary insurance. In order to properly bill your insurance company, we must have complete and accurate insurance. **Failure to provide current and accurate insurance information may result in patient responsibility for the entire bill.** Cash, personal check or credit card are accepted methods of payment.

Proof of Insurance: All patients must complete our patient information form. We must obtain a copy of your driver's license and current, valid insurance card to provide proof of insurance. If you fail to provide us with the correct insurance information at each visit you may be responsible for the balance of a claim.

Non-Contracted or Commercial Plans: If you are **not** insured by a plan we are contracted with, payment in full is expected at each visit. We will prepare and send a claim as a courtesy for you. Knowing your insurance benefits and which medical providers are found in your insurance network is your responsibility. All out of network charges are your responsibility at the time of service. Please contact your employer or insurance company with any questions you may have regarding your coverage.

Network or Contracted Plans: We participate in many insurance plans. If you are insured by a plan we are contracted with, you will be billed according to guidelines established by the insurance company. It is your responsibility to notify us if your insurance company will require authorization for your procedure. SPL will provide all of the information to the insurance company when this is required, and confirm that the procedure has been authorized.

Authorizations for HMO Patients: HMOs require referrals from your primary care physician for an office visit with one of our doctors. It is your responsibility to obtain the referral from your primary care physician. If you are seen by one of our doctors, and you did not have the necessary referral, you will be responsible for any payments denied by your insurance company. SPL will obtain the necessary authorization from your HMO for any surgeries that you may need. It is the patient's responsibility to confirm that this authorization has been obtained before surgery.

All Insured Patients: It is every patient's responsibility to understand the limitations of their insurance policy. Many policies will not pay claims unless there is a written referral for a service, stating the authorized provider and the authorized place of service. If you belong to an HMO or an insurance plan that requires authorization for services, you should always request a written confirmation of authorization from your insurance company. **Surgical Practice Ltd is not responsible for knowing all of the restrictions of your insurance policy.**

Co-payments: All co-payments must be paid at the time of service. This arrangement is part of your contract with your insurance company. Failure on our part to collect co-payments from patients can be considered a breach of contract. Co-payments will be collected at patient check-in. A \$10.00 Billing Fee will be added to accounts each time a co-payment is not made at the time of service.

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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 your insurer. Keep in mind that a medical necessity is not the same as a medical benefit. A medical necessity is something that your doctor has decided is necessary as part of your medical treatment. A medical benefit is something that your insurance plan has agreed to cover. Unfortunately, we will not be able to know for certain if your insurer will “cover” your services. However, if, in our opinion, the service you are receiving may not be covered, you will be asked to pay at the time of service. It is your responsibility to understand the terms of your individual insurance plan and the services which are covered, are not covered and have limited coverage. You may be responsible for payment of any services considered non-covered by your insurance plan.

Uninsured: Patients not covered by health insurance are expected to pay in full at each visit without exception. New patients to our practice will be asked for a \$100.00 deposit at the time of check-in to be applied toward their first visit. Uninsured patients are eligible for a prompt pay discount (see below).

Statements: Statements are mailed after your insurance company has processed your claim and determined the patient responsibility. Our statement will reflect the information provided by your insurance company, and the balance is due upon receipt of the statement. If we have not received your payment within 30 days, we will send a letter notifying you that the balance remains unpaid. Please be aware that we may refer your account to a collection agency, and the collection agency fee will be added to the outstanding balance. The agency fee is 25%-35% of the outstanding balance

Account Balance: Our office is oftentimes not paid by your insurance company for many weeks after services were provided, so all patient balances are due upon receipt. If there is a balance due at the time of your appointment, that balance must be paid before the doctor can be seen. Failure to make payment on a balance will result in the cancellation of your appointment and you will need to reschedule once payment has been made.

Prompt-pay Discount: Our office offers a prompt pay discount to patients who pay in full at the time of service. Please ask our Front Office staff about this program.

Returned Check: Checks written at the time of your visit or mailed as payment on an account balance that are returned by the bank will be assessed a \$20.00 Returned Check Charge. If the original check amount plus the Returned Check Charge is not paid with 15 days your account will be considered for transfer to the collection agency.

Completion of Forms: The “Patient” section of any form must be completed before we can accept your form. All form completion fees must be paid in full before the forms are returned to you or forwarded on your behalf. Please ask our Front Office staff about fees associated with different forms.

\*I UNDERSTAND AND I WILL COMPLY WITH THE FINANCIAL POLICY OF SURGICAL PRACTICE, LTD.

\_\_\_\_\_  
Print Patient Name

\_\_\_\_\_  
Patient Signature

\_\_\_\_\_  
Date