

APEX MEDICAL CENTER

Financial Policy

PLEASE READ CAREFULLY AND THOROUGHLY. IF YOU HAVE ANY QUESTION, ASK BEFORE SIGNING.

Thank you for seeking care at Apex medical Center. The information below represents our financial policy for clinical and administrative services.

1) PAYMENT DUE AT TIME OF SERVICE: Payment is due at time of service. Appointment will be rescheduled if patient fails to make payment for copay or deductible due at time of service. We accept Visa, MasterCard, Money order, and cash as a form of payment.

2) PATIENT IS FINANCIAL RESPONSIBLE FOR ALL SERVICES RENDERED: When utilizing medical, mental or lien health insurance benefits, we bill insurance company and other pay source as a courtesy to the patient. The patient is fully financially responsible for services provided. Any none or partial payment will be transferred to patient responsibility. Patient authorizes pay source to make payment directly to Apex for any and all medical services rendered. In the event of collection proceedings due to lack of payment, I agree to pay any and all collection fees that is added to my account in order to recover monies due the physician/ provider.

APPOINTMENT CANCELLATION ADVANCE NOTICE: In an effort to provide effective and timely treatment to all APEX patients, we ask that all appointments be cancelled within the specified time frame below to avoid a cancellation charge. Please note that we can only acknowledge a cancellation that is done within working days from 9am to 5pm, excluding weekends and holidays. It is the responsibility of the patient to note the name of Apex employee he/she speaks with and time of calling.

All Mental Health Appointments:	\$150.00 (All cancellation less than 24 hours and no-show.)
Electro-Stimulator Trial	\$150.00 (All cancellation less than 5 business days and no-show.)
EMG/EEG/INJECTION	\$50.00 (Less than 48 hours and no-show)
Follow Up Appointments	25.00 All cancellation less than 24 hours and no-show.)

Apex does not bill insurance companies for above fees for no-shows or late cancellation. Patient accepts full responsibility to pay this fee. Your next appointment will not be scheduled until this fee is paid.

3) BOUNCED CHECKS: A patient whose check is returned for any reason e.g. “Non-Sufficient Funds” will be assessed a **\$35** service charge.

4) FEES FOR “INDIRECT” CLINICAL SERVICES: “Indirect” clinical services performed by physician and staff will be billed at the rate of \$35.00, and will be the full financial responsibility of the patient on a prepaid basis.

“Indirect” clinical services do not involve direct patient care, and usually occur when clinical information must be formulated to justify a clinical condition or situation, or to pursue a benefit the

Pt/Guarantor Signature: _____

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patient is seeking, or possibly entitled to, which is otherwise regulated by another party such as an insurance company or agency. “Indirect” clinical services include such tasks as:

- A) Disability forms and questionnaires for short-term, long-term, social security, mortgage/loan disabilities
- B) Letters for attorneys and courts, agencies, employers, academic institutions, et al
- C) Narrative summaries
- D) Family Medical Leave Act/FMLA forms for employers

5) TYPICAL REASONS FOR INSURANCE PARTIAL OR DENIED PAYMENT:

A) CONTRACTUAL EXCLUSIONS: The health insurance company may deny payment for services provided due to contractual exclusions, such as: pre-existing conditions; uncovered/excluded diagnoses; or lifetime/annual deductible.

B) NON-APPROVED PROVIDER or UNAUTHORIZED SERVICES: It is the responsibility of the patient to ensure that treating physician is an **approved provider**, and that **services are authorized** by the insurance company which administers benefits. If treating physician is not a provider, or services are not approved or authorized for any reason, then it is the patient’s full financial responsibility to pay for services provided.

C) “APPROVED PROVIDER” & “CARVE OUT” IN MENTAL HEALTH:

For mental health services two separate insurance companies may be involved—one is the general health insurance company for medical and surgical services, whereas the other is the mental health insurance company for mental health services. The general health insurance company—like Blue Cross, Cigna, United Healthcare, Aetna, etc.—may “carve out” the administration of mental health services to the mental health insurance. Generally, on the back of the health insurance card will be listed an 800 telephone number for mental health services to help determine this matter.

D) CHANGE OF INSURANCE COVERAGE NOTIFICATION: It is the patient’s responsibility to inform our office of any changes or update with insurance company or benefits. Patient must inform our office of any personal changes (e.g., name, address, phone number, etc changes) that might affect benefit or coordination of care.

E) INSURANCE COMPANY ERRORS: It is the patient’s responsibility to rectify errors with the health insurance company, such as rectifying incorrect patient identification or group numbers, coordination of benefit questionnaires, etc.

Patient authorizes photocopies of this form to be valid as the original.

This agreement will not be withdrawn or voided at any time until patient account for services rendered is paid in full. If patient is a minor, a parent or guardian must complete and sign.

Name _____ Date _____ SS#: _____

Pt/Guarantor Signature: _____