

## **Expanded Payment/Collections Policy**

### **Payment Required at Time of Service**

#### **Patients with no insurance/non-covered service**

- \* Any past due amount must be collected before patient can see doctor.
- \* Upon approval by billing staff, we may allow patient to carry over part of their balance (not to exceed 75% of balance).
- \* 30% Cash discount will only be issued to patients with no past due balance and paying in full their balance today. (Discount only applied to today's services)
- \* Account aging on any amount due shall start as of the date of service.
- \* Accounts with > 120 days will be considered in default and will be subject to collections and possible legal action.

#### **Patients with insurance**

- \* Any past due amount must be collected before patient can see doctor. Considered past due if account aging greater than 30 days.
- \* Upon approval by billing staff, we may allow patient to carry over part of their balance. (Not to exceed 75% of balance).
- \* Patient must pay co-pays if any as determined by their benefits structure
- \* Patient may be asked to pay an estimate of any co-insurance/deductible as determined by their benefit structure.
- \* Patient's insurance will be billed as of date of service. Insurance must respond within 30 days of initial billing. After 30 days all open insurance claims will be billed to the patient. Patient accounts will be assessed interest each month (1.5%) Patient will be responsible for the billing/interest in full. Any claim with > 120 days aging will be considered in default and will be subject to collections and possible legal action.

## **Insurance Filing Issues!!**

Insurance companies are not in any hurry to pay medical claims. Any delay or denial is more money in their pockets. We may need your help in getting your insurance company to live up to their contractual obligations. It is very important for our patients to realize that they are the policy holders. Only policy holders can enforce the terms of an insurance policy!

- \* We must verify your insurance card each time you visit the clinic. Policy/group numbers change. Claim addresses/Phone numbers change. Insurance will change claims addresses often just to delay claim payments.
- \* If you are here to see the doctor because of an accident and/or Injury. Your insurance company may delay/deny payment because they are hoping someone else's insurance is responsible for the bill. If you are here for an injury and/or accident please contact your insurance company 7-14 to make sure your insurance is processing the claim.
- \* If you are diagnosed with a chronic medical condition such as diabetes, asthma, high blood pressure, thyroid disease, etc. Your insurance may evaluate your medical history for pre-existing conditions. This will involve getting records from any physician /clinic/ hospital you may have visited for up to 2 years prior to the diagnosis. This should only affect individuals who have had an insurance policy for less than 2 years. If you have switched insurances in the last 2 years, make sure your employer/insurance has a copy of "Certificate of Credible Insurance Coverage" on file. This will prevent any pre-existing conditions from affecting your coverage. You may have to contact your insurance to determine what medical providers may be holding up your pre-existing condition evaluation.
- \* Insurance will sometimes deny a claim and/or claim line item incorrectly or without proper description. Physician offices are not bound by contract to write off all denials. We provide medical care in accordance with the medical standards/policies of the clinic. We make every attempt to accommodate the benefit limitations of our patient's insurance coverage. If you are billed for claim/line item your insurance denied you may want to contact your insurance company to determine the reason for denial.  
  
Most likely the insurance company will state that claim was filed incorrectly. Please know that we would already have contacted them and/or re-filed any corrected claim as necessary. Please get as much information as possible including a contact name, claim number, phone number. We will more than happy to contact them again if we have a specific contact.
- \* Automobile/Accident insurance usually only pay claims directly to the policyholder. We will provide you with a claim form for reimbursement if your account is paid in full.

## **Collections Policy:**

- \* Payment is due at time of service. Aging on accounts begins as of the date of service.
- \* We will allow 30 days for your insurance to respond to a claim. After 30 days the patient will be billed.
- \* We will send monthly statements for up to 3 months on any giving balance greater than \$10.00
- \* Patients may be allowed to pay off balances over a 3 month period. The arrangements must be approved by the billing staff.
- \* After 60 days your any unpaid account may be charged an 1.5% interest rate on the balance.
- \* After 90 days any unpaid account may be referred to collections.
- \* Collections will have two phases. Initial phase will consist of letter/phone contact. Patient's balances will not be written off. Patients may also be assessed a late/collections fee not to exceed State of Mississippi allowed limits. (\$10.00). After 60 days, patients who do not respond to initial collection phase may be placed into traditional collections, including credit bureau reporting and possible legal action. These accounts will be considered in default. The patient may be discharged and not allowed to return to the practice.
- \* Patients who provide us an incorrect address and/or invalid telephone number may be referred to Phase 2 collections without notice. Patients who do not provide us with a change of address/phone number within 30 days of the change may also be referred to collections without notice.

## **Payment Options:**

### **Check in:**

- \* Personal check: Checks will be automatically debited from patient's bank account. We utilize a check processing service which guarantees payment for checks issued. If the check processing service refuses to accept your check, you will have to make other payment arrangements. With approval from Jeff/Shannon we may accept a personal check which has been declined by Telecheck. (Payment history and manual check verification required)
- \* Credit cards: We accept Visa, Mastercard, American Express, and Discover.
- \* CASH: U.S. legal tender.

### **Payment on account:**

- \* Personal check by mail: Checks will be processed through RENASANTS BANK. Checks returned for non-sufficient funds are automatically referred by our bank to a collections service. You will be charged an additional fee. Your local bank may also charge you a fee for a returned check.
- \* Checking account debit: We are not able to accept ATM cards at this time. We will accept your completed personal check as authorization to debit your checking account. Patients approved to pay

balance over a three month period will issue 1 current & 2 postdated checks as authorization to debit checking account over a 3 month period. The 1<sup>st</sup> debit must be accepted by our check processing service.

\* Credit cards: We accept Visa, Mastercard, American Express, and Discover. Please call/come by the office or complete the credit information section of your statement. You may authorize:

- 1- One time debit/charge to your credit card for a specific amount.
- 2- Pre-authorize up a specific \$ amount, a one time charge to pay deductible and/or co-insurance amounts.
- 3- Pre-authorize a specific \$ amount to be charged/debited over a 3 month period.

\* Cash: We can accept U.S. legal tender for payment. Please do not mail cash. You may pay using cash during office hours 7 a.m. to 5 p.m. Monday – Friday.