

Strategic Practice Management, Inc.

Financial Policy

Our clinics are dedicated to helping you receive the medical care you and your family deserve. In order to do this we have developed a financial policy to help you understand your financial responsibility for the health care services we deliver. As our patient you will be expected to pay your co-pay amounts prior to your appointment, procedure or diagnostic testing. It is your responsibility to be aware of any exclusions, benefits, co-payments and deductibles outlined in your insurance plan.

Pre-registration

If you are scheduled for services, we encourage you to pre-register for those services. Preregistration will allow us to verify your insurance and benefit coverage; identify any financial responsibility you may have, and allow us to assist you in meeting your financial obligations.

During pre-registration, you will be asked to provide demographic and insurance information. Providing the correct information allows us to process your insurance claim quickly and accurately.

On the day of your service, you will be checked in and promptly directed to your department for service. You will need to present your insurance card(s) at the time of service. The information on the card is important for correct identification of your insurance and in receiving the proper payment for your services. Your insurance card(s) will be copied to ensure that the correct information is available for insurance processing. You are required to pay any applicable co-pays and coinsurance prior to your appointment with our clinical staff.

Referrals and authorizations

Most managed care plans, Health Maintenance Organizations (HMOs) and Point of Service (POS) plans have referral and/or authorization requirements. Each plan is different, and it is your responsibility to know the requirements for your plan and obtain any necessary referrals. You may be responsible for payment at your appointment; or you may be rescheduled if you do not obtain the necessary approvals.

Medicare benefits

Medicare requires that all tests have a supporting diagnosis to demonstrate the test is medically necessary. If your physician orders a procedure or service that does not support medical necessity, you will be asked to sign an Advanced Beneficiary Notice (ABN). The ABN informs you in advance that Medicare is not likely to pay for the procedure or service, and that you will be responsible for payment.

COBRA

If you were recently covered by insurance under a group health plan, you may be eligible to pick up COBRA benefits to assist you with your medical bills.

Worker's Compensation

If services you are requesting are the result of a work-related injury, Strategic Practice Management Inc., will bill your employer or your employer's liability carrier. You must provide us with the required information or we cannot bill the carrier and you will then be billed. If the services are work related they cannot be billed to your insurance unless we receive a denial from your workers compensation.

Out of network

Some health insurance plans restrict where you may receive your care. If you have services outside of your network, you may be responsible for higher out-of-pocket expenses or the entire bill. Check with your insurance company to ensure that your provider is in-network.

Ensuring a smooth billing process

You have several responsibilities to ensure that the billing process goes smoothly. These responsibilities include:

- When making an appointment and when presenting for your appointment, provide the most recent insurance card, picture ID and make sure that we have your correct address.
- Understanding your insurance benefits, limitations and procedure. Contact your insurance company prior to your health visit so you are familiar with its requirements.
- Confirming with your insurance company that our clinic is a contracted provider of services for your plan.
- Obtaining a referral, if required. Discuss this with your primary care physician prior to scheduling an appointment.
- Being prepared to make payment prior to service if your insurance company requires a co-pay or out-of-pocket expense.
- All patients are responsible for balances due on their accounts, and payment is due upon receipt of the bill. Strategic Practice Management Inc. employs a third party collection agency to help us resolve unpaid balances.

Uninsured patients

Patients who do not have any health care insurance, and who do not qualify for any state, federal, or other financial assistance program, will be required to pay for services rendered, at the time of service. All services will be required to be paid in full.

Payment plans and past due accounts

The balance on your account is due within 30 days of your statement. If you are unable to pay the balance within 30 days, we may be able to set up a payment plan for you. Please contact our clinics with any questions.

Finance Charges and NSF Fees

Any account balances that are 90 days past due will incur finance charge of 1.5 percent of the total balance per month. These charges will continue to accrue until the account balance is paid in full. If a payment is returned due to insufficient funds an NSF fee will be accessed and added to the account balance.