

Financial Policy

Thank you for choosing **SUPERIOR T**. Our goal is to provide you with the highest quality care possible. We find that communication with our patients regarding our financial policy assists us in providing the best service to you. Therefore, we take this opportunity to answer some of the most commonly asked questions. 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

Payment Methods

Payment is expected at the time services are rendered. We accept a variety of payment methods, including cash, check, money order, or credit card Visa, Mastercard, Discover and AMEX. Credit card payments are also accepted via telephone.

Insurance Information

We must emphasize that your health is our primary concern, regardless of your insurance. Because your insurance policy is a contract between you and your insurance company, please check with your insurance carrier to determine any pre-existing limitation or other benefit restrictions that you may have, prior to your appointment.

We will file your insurance as a courtesy and assist you in any way we reasonably can to help get your claims paid. Your insurance company may need you to supply certain information directly. It is your responsibility to comply with their request. Please be aware that the balance of your claim is your responsibility whether or not your insurance company pays your claim.

Most insurance companies do not cover 100% of the cost of services, and there is a portion that the patient is responsible for. There are several patient responsibility components that may apply to an insurance payment.

Co-pay-A set dollar amount per office visit that is the patient's responsibility.

Co-insurance- A percentage of the charge that is the patient's responsibility.

Deductible- A set annual amount that the patient is responsible for paying prior to his or her insurance making a payment.

Because of the contract you have with your insurance company, we are obligated to collect payment from you for your portion of the balance. All co-payments, co-insurance and deductibles must be paid at the time of service. This arrangement is part of your contract with your insurance company.

To bill your insurance accurately and in a timely manner, we will need assistance from you. We ask that you provide our office with accurate demographic information (address, phone number, etc.) and proof of insurance. All patients will be required to show proof of insurance and a Government issued Photo ID.

Insurance Changes

If there are any changes in your insurance, you are required to call our office and give the detailed changes of your insurance at least twenty-four (24) hours prior to your appointment

If you fail to provide us with the correct insurance information in a timely manner, you may be responsible for the balance.

Managed Care: All managed care (i.e. HMO, PPO, POS)

Co-payment, co-insurance & deductible amounts are due at the time of check-in. If your insurance plan requires a referral authorization from a primary care physician you are responsible for obtaining prior approval from your PCP prior to treatment & will need to present this at your visit. If you request an office visit or procedure without a referral authorization, your insurance plan may deem this as non-covered treatment and you will be responsible for the charges.

Secondary & Tertiary Plans

We will bill your secondary insurance as a courtesy. We do not bill tertiary insurance. If you have supplemental insurance to cover the portion of the charges that Medicare or your primary insurance carrier does not pay, please provide us with a copy of this insurance card. Medicare and secondary carriers do not cover some procedures and supplies. Please make certain you understand which aspects of your treatment are covered before proceeding.

Preauthorization

Please remember that it is up to you to understand the requirements of your individual insurance plan and know whether prior authorization from your insurance company is required

Non-covered Services

Any care not paid for by your existing insurance coverage will require payment in full at the time services are provided or upon notice of insurance claim denial.

Cash Patients

Cash patients are accepted on a case by case basis. All uninsured patients will be required to pay in full at time of treatment.

Procedure & Injection Fees

All co-pays, co-insurance, deductibles, and payments for non-covered procedures and injections are due prior to services rendered. We will make every attempt to determine your coinsurance amount prior to your services. This will be based on your insurance benefits and an estimate of the services to be provided. We will provide you with that estimate and we will expect to collect that amount prior to the time of services. If any changes are made to the scope of services provided and the coinsurance amount has changed, we will either refund or bill you upon final resolution of your account. Fees are ultimately the responsibility of the patient, whether your insurance company pays or not, and are due within thirty days of your receipt of a statement from **SUPERIOR T.**

Nonpayment

Please be aware that patient accounts over 180 days without satisfactory payment will be turned over to a collection agency and patients will face possible termination from the practice.

Returned checks

A \$25.00 fee will be charged for any returned checks and we will report bad checks to the District Attorney's Office. We will be unable to accept your check for any services thereafter.

Missed appointments

A scheduled appointment is a commitment of time between you and our practice, a time we have reserved just for you. If you are unable to keep a scheduled appointment, please cancel or reschedule your appointment at least 24 hours in advance to avoid a service charge and help us meet the needs of other patients. Patients who habitually fail to keep scheduled appointments and do not give a 24-hour cancellation notice will face treatment termination.

Medical Records

Please direct all medical record requests or questions to your physicians' business office.

Special Circumstances

We are aware that circumstances in our daily lives may vary. If you need to establish a payment plan or require additional assistance, please contact our Business Office prior to your scheduled appointment. Unless you have made prior arrangements for payment of your balance, our financial policy will stand.

Financing Option

We do offer a financing plan for all procedures and injections.

Account Billing Questions & Refunds

Questions or concerns regarding your account or insurance claim should be directed to our **business office staff.**

If your account has a credit balance, we will promptly release a refund check to you once your insurance carrier has processed all pending insurance claims remaining on your account.

If you feel an error has occurred on your statement, or if you have any questions, or concerns, please contact our billing office immediately at (214)618-9600.

Printed Name

Signature Date

