

## **Dr. Albert T Domingo M.S. M.D. Inc.**

### **Financial Policy**

Insurance paperwork can be daunting, but rest assured our staff is here to help you navigate your policy. We'll make sure your forms are filed accurately, promptly, and confidentially. Unfortunately insurance reimbursement is a tedious process, and we have been forced to instate a stringent financial policy so that we can continue to provide excellent care to our patients.

By becoming our patient, you agree to the following:

**Billing Your Insurance Company:** As a service to you, we will absorb all costs in billing your insurance company. However, if your insurance company does not reimburse our office within 45 days, paying the balance for services rendered is solely your responsibility. We will provide you with all necessary documents for you to seek reimbursement from your carrier directly.

**Co-Pays:** Contracting and compliance rules set forth by federal and state government require us to collect ALL co-pays prior to each visit. No exceptions. Failure to provide co-payment at the time of service may be a breach of your insurance contract and result in termination of your coverage.

**Deductibles:** Some insurance plans require patients to pay a certain amount prior to their coverage beginning and we are required to collect all portions of that deductible. We will accept an authorized credit card number and will bill your account as soon as we are notified by your insurance company as to the amount you owe.

**Referrals:** You are solely responsible for obtaining proper referral information prior to your appointment. If our physicians refer you to another specialist for further treatment we will attempt to schedule and provide the appropriate referral information as required by your insurance company. However, each company has their own rules for referrals and often times the same company has different rules for different plans. It is your responsibility to make sure you have the necessary paperwork and that the physician or facility you are referred to is in your network. We do not assume responsibility for any charge to you as a result of a referral from our office.

**Missed Appointments:** Everyone's time is valuable. You must give 24 hours notice of a cancelled appointment or you will be billed for said appointment. This fee is not covered by your insurance company.

**Forms of Payment:** We accept cash, personal check, money orders, and credit cards. (Visa, MasterCard, and Discover.)

**Lab Specimens:** We utilize LabCorp of America, Mercy Medical Center, and Aultman Hospital's lab facilities. If your medical care requires blood work or other laboratory work you may receive additional charges from the laboratory or hospital. We will handle the paperwork and processing of your lab work, but it is your responsibility to know your plan and what it covers. If your coverage has changed the lab we use may have to change as well, as different insurance plans often have contracts with different labs. You must also notify us of any special handling of your lab specimens that are required by your plan. Failure to comply with any of the above may result in large medical bills that are your responsibility, so please make sure we have your most current insurance information at all visits.

**Prior Authorization:** A surgery that requires pre-certification will not take place unless approval from your insurance provider has been obtained. This does not mean all charges are automatically covered 100%. This also has no bearing on any charges accrued from the medical facility as a result of your hospitalization or charges from other physicians who may participate in your care.

**Not Medically Necessary vs. Not Covered:** Most insurance companies forbid us to bill them for services that are determined to be not medically necessary. That is different from a procedure that is not covered. A procedure such as a tubal ligation or IUD implantation may not be covered by your policy, but that does not mean you cannot elect to have the procedure done. It does mean that you are solely responsible for covering the costs of said procedure.

**Secondary Insurance:** We will be glad to bill more than one company if a patient has multiple policies. This does not mean any service will be covered 100% nor does it relieve the patient of any obligation for co-pays.

**Insurance Cards:** A copy of your insurance card must be presented prior to service. No service will be provided without an updated copy of your insurance card.

**Photo ID:** A copy of a valid, government issued photo ID is required prior to being seen in our office.

**Changing of Insurance Plans:** If your coverage or carrier changes, you must notify us immediately so that we can make the appropriate changes in our billing system and continue your care. You will be responsible for any charges billed to the wrong company as a result of not providing us with the proper information. We reserve the right to suspend or terminate your care as a result of providing us with improper information.

**Minor Patients:** A patient less than 18 years old must be accompanied by their parents or legal guardian and are responsible for full payment of services rendered. The legal guardian must also be present at the first appointment.

**Divorce Decrees:** Our organization is not a party to any divorce decree. Adult patients are responsible for their bill at the time of service.

**Rebilling Fees:** A statement will be sent to you once we receive payment from your insurance company. Any balance will be noted at that time. If the balance is not settled in full within 30 days of receipt of the statement, or arrangements to settle the balance have not been set up with our billing department, we reserve the right to charge a rebilling fee for each additional statement, which will be the maximum amount allowed by state law.

**Returned Checks:** Any checks returned to our office for non-sufficient funds will be charged a \$25.00 processing fee.

**Insurance Payments:** In most instances your insurance company will send the check for the services we provide directly to us. If by chance you receive the payment for our services please notify us immediately.

**Self-Pay Patients:** No insurance? No problem. We are happy to provide care for patients without private health insurance. Pre-payment of 50% of our fee for surgical procedures including obstetrical care and 80% of our fee for office visits are due in full prior to service. Each patient will then be required to fill out a financial statement for analysis by our billing department. Individual arrangements will then be made for payment of the balance.

**Collections for Accounts 90 Days Past Due:** Accounts 90 days past due are referred to an outside agency for collection, unless arrangements for payments have been agreed upon. Accounts sent to collections may show up on a credit check and affect your ability to get loans or credit cards. For patients with delinquent accounts, no medications will be phoned in and we will evaluate the possibility of terminating the patient-physician relationship.

If you have any questions regarding our financial policies or you are unable to meet the terms of your account, please feel free to contact our billing supervisor to discuss your situation.

Thank you for choosing Albert T Domingo M.S. M.D. Inc. as your health care provider.

**I HAVE READ THE FINANCIAL POLICY AND UNDERSTAND ALL CONDITIONS.**

SIGNATURE: \_\_\_\_\_

PATIENT NAME: \_\_\_\_\_

DATE: \_\_\_\_\_