

Office Financial Policy Agreement 01/15

We would like to thank you for choosing BalanceMD as your specialty medical provider. We are committed to providing you with quality health care and appreciate your commitment to adhere to this Office Financial Policy Agreement.

Agreement with this policy is required prior to all medical care. Your clear understanding of this agreement is important to our professional relationship; please read this document and sign the signature page provided.

Insurance in Today's Changing Health Care Environment Due to significant recent changes in health insurance, patients now must first pay high deductibles, co-pays and co-insurance before their insurance policies will pay.

Knowing your insurance benefits - including eligibility and covered benefits - is your responsibility. While BalanceMD provides only standard-of-care medical services widely accepted by health insurance plans, including Medicare, your insurance may have exclusions or a pre-existing condition clause that may result in services not being covered. You are responsible for any charges not covered by your plan.

If you have concerns, please discuss this with our staff PRIOR to receiving the test/treatment. Our staff cannot guarantee that the charges will be covered by your insurance policy but will attempt to provide you with information.

Any changes in your insurance must be given to our office within 14 days if you desire a claim to be resubmitted. Otherwise, you may be considered 'self-pay' and responsible for payment in full.

Arriving Prior to Your Appointment Time We recognize that your time is valuable too. Except for unusual circumstances, we typically see patients on a timely basis. We expect you to arrive PRIOR to your appointment time to provide insurance card information, paperwork, etc., so that you are ready to be seen AT your appointment time.

If you are new to BalanceMD, please arrive 20-30 minutes prior to your appointment time. If you are returning for a follow-up visit, kindly arrive 10 minutes prior to your appointment time.

If you arrive late to your appointment, you may be asked to reschedule to another day.

Payment We accept CASH, CREDIT CARDS, DEBIT CARDS and CHECKS.

If you receive a statement showing a balance is owing, that balance is due upon receipt. In the event your payment is received late or not paid in full, and it is necessary to send you additional statements, you may be charged a processing statement fee of \$10.00 per additional statement.

Under certain circumstances, payment arrangements may be made upon approval of the practice manager. An additional document reflecting these terms will be signed by you.

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In the event your account becomes delinquent and you do not have a documented agreement with our practice, your account may be sent to collections. Any additional fees from the attorney, court cost and/or collection agency will become your responsibility.

Self-Pay If you have no insurance or we do not accept your insurance, all charges are due prior to services being rendered. We offer a 20% reduction of charges to those who are self-pay patients who pay cash at the time of their visit. **The 20% discount does not apply to the purchase of hearing aids.

Motor Vehicle Accidents (MVA). Payment in full is required at the time of service for all medical care provided as a result of a motor vehicle accident. This includes office visits, diagnostic testing and hearing aids. Copies of your medical and billing records are available to you with our completed release of information form.

Co-Pays, Co-Insurances, Deductibles and Proof of Insurance The services we provide at BalanceMD are eligible for insurance coverage under most circumstances. However, before the insurance policy will pay, you must first pay any co-pay, co-insurance and deductible; these are your responsibility. All of these charges are due prior to services being rendered. This arrangement is part of our contract with your insurance company, and the failure on our part to collect these funds from you can be considered fraud. Our staff will offer the service of doing their best to provide an estimate of the costs for the services to be rendered, but this is only an estimate. Please help us in upholding the law.

At each appointment, you will be asked to provide a VALID insurance card and we will obtain a copy of your driver's license. New patients will fill out a registration form. You may visit www.balancemd.net for registration forms, or we will mail you a packet upon request. If inaccurate insurance information is provided to us, you will be responsible for all fees for medical services provided.

Requested Forms There will be a \$25.00 fee paid in advance for these requests. All forms must be hand-delivered and retrieved from our office; no forms will be faxed or mailed to you or your employer.

Canceled and Missed Appointments It is our policy to require 24 hours advance notice for all appointment cancellations. If you miss an appointment without providing 24 hour notice, a fee of \$50.00 or more may be charged to your account. Multiple missed appointments may result in fees of \$100.00 to as much as the visit cost and may lead to dismissal from our practice.

Your cooperation is greatly appreciated in all aspects of our financial policy. Please keep this as a copy for your records. By signing our Signature Form you are acknowledging that you have read and fully understand our policies. You may request a copy at any time. If you have any questions, please ask to meet or speak with the practice manager, Terri.