

## **Bay Area Infectious Disease Associates**

### **PATIENT and FINANCIAL POLICY/Patient's Copy**

Please be assured that everyone at Bay Area Infectious Disease is dedicated to providing medical care of the highest quality possible to all of our patients, in an atmosphere of caring, trust and mutual respect.

Your complete understanding of your financial responsibilities is essential; it takes a team that includes patient participation, to succeed with insurance processing and reimbursement. Failure by the insurance company to pay, results in the balance being transferred to the patient for payment.

Our practice policy requires that prior to any services being rendered; all patients must sign the practice patient and financial policy.

In the more recent years it has become increasingly difficult to collect the fees rightfully due to the provider for services rendered, in good faith, to their patients. To this end we have found it necessary to be very explicit in our financial policies of this practice.

#### **Things to bring with you to your visit:**

- Health Insurance Card – we are required to verify these with a government approved form of ID
- Drivers License
- Method of payment – for your convenience we accept checks, cash, MasterCard, Visa, and Discover.

#### **Anti Abuse Policy**

- At Bay Area Infectious Disease Associates, each patient is treated with courtesy and respect. As such it is expected that patients will treat staff in the same manner. If any patient or patient's family or friends, are in any way verbally or physically abusive with staff, including foul language, this is grounds for immediate termination from the practice.

#### **Assignment of Benefits:**

- Bay Area ID Associates will only bill contracted insurance plans as a courtesy to our patients provided that the patient has provided the required insurance information in a timely manner and has signed a current financial policy.
- For your convenience, we have included a copy of the back of the CMS 1500 form for your review. By signing the patient and financial policy agreement, you authorize your insurance company to pay the provider for services rendered at Bay Area Infectious Disease Associates.

#### **Appointment cancellation, rescheduling and no-shows**

- If you do not show for your appointment, cancel or reschedule within 24 hours of your appointment time, you will be billed an administrative fee of \$25.00.

#### **Charges for copies of medical records**

- You will be charged for copies of medical records as per Medical Association, State and Federal guidelines. These charges cover the administrative costs of copying and mailing such records. This includes all requests for medical records, including patient's personal request. There is no charge for requests from a physician's office or for SSI.

#### **Co-pay and co-insurance:**

- We are obligated to collect the co-pay at the time of your visit. We are required to do so by your insurance plan. The co-payment amount is determined by your individual insurance policy. If you receive two different types of services on the same day, you may be asked to pay two co-pay amounts if required by your insurance plan.
- All payments are due at time of service.
- Any service done in office might require a co pay such as an infusion, even if a physician is not seen at that time.

- If for any reason you are unable to pay your balance due at time of service, you will be assessed a \$15.00 administrative charge.

### **Credit Card Policy**

- You will be asked to review, and sign our credit card on file policy and authorization form. (The same process you would go through for hotels, rental cars etc.)
- Your credit card will be billed for fees not covered by your insurance at the time we receive the EOB back from your insurance company that indicates that the patient is responsible for the remaining balance.
- At the time we do this, we will call you to discuss this with you and will forward to you a receipt informing you that your credit card was used for the payment.
- Will be used within 11 months of date of service.

### **Deductibles:**

- Some insurance plans require that patients pay a predetermined dollar amount prior to services being covered. If verification of your deductible is unable to be made, payment of the full deductible is due at time of service.

### **Financial Hardship**

- For patients who are suffering financial hardship and are suggesting they are unable to pay for their healthcare, you will be required to prove such hardship and provide documentation per OIG (Office of Inspector General) guidelines and assessment made in relation to the current HHS poverty guidelines, before a financial arrangement can be agreed upon.

### **Forms**

- There is a charge of \$25, per form, payable prior to these forms being completed. Please allow the office 10 business days in which to review your medical record for the information requested, to be completed, copied and mailed or faxed.

### **Health Savings Accounts / Healthcare Debit Cards:**

- These cards carry a high deductible and you are responsible for payment of all healthcare services in full, at the time of service. If we are contracted with the health insurance with which you have this kind of plan, we may only bill you the full amount of our contracted allowable fee.
- We do not bill you for services rendered, we will require payment in full at time of service.

### **Insurance:**

- We are contracted with multiple insurers to accept assignment of benefits. We will bill those plans with which we have an agreement and will only require you to pay the authorized co-payment, co-insurance and deductible at the time of service.
- If you have insurance coverage under a plan with which we do not have a contract, you will be treated as a cash pay patient and will be provided documentation to assist you in filing your claim
- 48 hours notice is required to verify insurance benefits; and thus failure to notify the office with insurance changes or presenting without an insurance card may result in rescheduling of your appointment. If we are unable to verify your benefits should you have new insurance at the time of checking in for your appointment, we will ask that you pay for your visit
- We are required to file with your primary insurance carrier only. It will be your responsibility to pay any balance not covered by the primary and file with your secondary insurance carrier.
- We will only bill your secondary insurance once. If payment is not received within 45 days, it is then your responsibility.

### **Letters**

- All letters requested by patient or the patients representative will have a charge of \$35.00, payable prior to delivery.

### **Medicare Patients**

- Please make sure you have a full understanding of your Medicare benefits and what might be your responsibility if not covered by Medicare.

- *Your doctor wants to diagnose a condition you may have or evaluate how well your treatment is working. To do that the doctor needs to have certain diagnostic tests performed. The doctor will tell you what those tests are and why they are necessary. Before your tests are performed, you may be asked to sign an Advanced Beneficiary Notice or “ABN”. **Why do we ask you to sign the ABN?** We ask patients to sign an ABN whenever Medicare appears likely to deny payment for a specific service. Medicare requires that we provide patients with a written notification whenever it is likely that you will be responsible for the bill. Please ask our staff for a brochure that will help you understand the ABN.*

### **Medicaid Patients**

- Please do not ask to be seen under Medicaid if you have other health insurance. You must be seen under your primary insurance. You will be asked to sign an insurance waiver stating that you have no other coverage and in the event it is determined that you do and your claim is denied by Medicaid for this reason, you will be responsible for your bill in full.
- Please ensure that you bring your Medicaid card to every visit.
- In the event you do not bring your card, your visit will need to be re-scheduled until such a time that we have proof of your Medicaid eligibility and cover.

### **Out of Network:**

- Full payment is due at time of service.
- Appropriate claim documentation will be provided for filing with the insurance company.

### **Outstanding balances/ Collections:**

- Prior to providing additional services to you, payment in full of total outstanding balances will be required.
- Patients with unpaid delinquent accounts or accounts which have been sent to collections and written off to bad debt will be discharged from the practice.
- Outstanding balances that are greater than 90 days old will be referred to an outside collection agency.

### **Patient Responsibility:**

- Understanding of benefits: It is the patient’s responsibility to call their insurance company and find out what your schedule of benefits allows and what services they will and will not cover.

### **Payment Responsibility:**

- The patient or legal representative is ultimately responsible for all charges for services rendered.
- “Non-covered” means that a service will not be paid under your insurance contract. If non-covered services are provided, you will be expected to pay for these services at the time they are provided, or at the time of receiving a statement or EOB from your insurance provider denying payment.
- Appeal procedures are generally available, and we will be happy to assist you in trying to “overturn” an adverse determination. **We will not under any circumstances falsify or change a diagnosis or symptom in order to convince an insurer to “pay” for care that is not covered, nor do we delete or change the content in the record that may prevent services from being considered covered.** We cannot offer services without expectation of payment, and if you receive non-covered services, you must agree to pay for these services in the event that your insurance company does not.
- If you are unsure whether a service is covered by your plan, ultimately it is your responsibility to call your insurance company to determine what your schedule of benefits allows, if a deductible applies and your potential financial responsibility.

### **Phone Appointments**

- If you need to discuss a healthcare issue or abnormal test results, you will be asked to schedule an appointment to see your provider.

### **Professional Courtesy**

- Professional courtesy will not be offered in any form to our colleagues in the health related fields.

### **Referral for Outside collection:**

- Accounts which have not been paid according to the financial policy will be referred to an outside collection agency/attorney for further action.
- The patient's care with Bay Area ID Associates may be terminated and the patient may be required to seek an alternative medical provider.

**Refunds:**

- Refunds are issued to the appropriate party. Patient refunds will not be processed until all active or past due charges are paid in full.

**Uninsured patients:**

- Payments for all services rendered are due at time of service.