

APEX MEDICAL CENTER

Financial Policy

PLEASE READ CAREFULLY AND THOROUGHLY. IF YOU HAVE ANY QUESTIONS, PLEASE ASK BEFORE SIGNING.

Thank you for seeking care at Apex Medical Center. The information below represents our financial policy for clinical and administration services.

1.) PAYMENT DUE AT TIME OF SERVICE:

Payment is due at time of service. Appointment will be rescheduled if patient fails to make payment for copay or deductible due at time of service. We accept Visa, MasterCard, Money Order and cash as a form of payment.

2.) PATIENT IS FINANCIALLY RESPONSIBLE FOR ALL SERVICES RENDERED:

When utilizing medical, mental or lien health insurance benefits, we bill the insurance company and other pay source as a courtesy to the patient. The patient is fully financially responsible for services provided. Any non or partial payment will be transferred to patient responsibility. Patient authorizes pay source to make payment directly to Apex Medical Center for any and all medical services rendered. In the event of collection proceedings due to lack of payment, Patient agrees to pay any and all collection fees that is added to their account in order to recover monies due the Physician/Provider.

APPOINTMENT CANCELLATION ADVANCE NOTICE:

In an effort to provide effective and timely treatment to all APEX patients, we ask that all appointments be canceled within the specified time frame to avoid a cancellation charge. Please note we can only acknowledge a cancellation that is done within working days from 9am to 5pm, excluding weekends and holidays. It is the responsibility of the patient to note the time and the name of the APEX employee he/she speaks with when calling to cancel or reschedule the appointment.

ELECTRO-STIMULATOR TRIAL	\$175.00 (all cancellation less than 5 business days and no-show.)
EMG/EEG/INJECTION	\$75.00 (Less than 48 hours and no-show.)
ALL FOLLOW-UP APPOINTMENTS	\$50.00 (All cancellation less than 24 hours and no-show.)

Apex does not bill insurance companies for above fees for no-shows or late cancellations. Patient accepts full responsibility to pay this fee. Your next appointment will not be scheduled until this fee is paid.

3.) BOUNCED CHECKS:

A patient whose check is returned for any reason e.g. "Non-Sufficient Funds" will be assessed a \$35.00 service charge.

4) FEES FOR "INDIRECT" CLINICAL SERVICES:

"Indirect" clinical services performed by Physician and staff will be billed at the rate of;

1 PAGE	\$50.00
2 PAGES	\$75.00
3 PAGES	\$100.00
5 OR MORE	\$150.00

These "indirect" fees will be the full financial responsibility of the patient on a prepaid basis. "Indirect" clinical services do not involve direct patient care, and usually occur when clinical information must be formulated to justify a clinical condition or situation, or to pursue a benefit the patient is seeking, or possibly entitled to, which is otherwise regulated by another party such as an insurance company or agency. "Indirect" clinical services include such tasks as:

- Disability forms and questionnaire for short-term, social security, mortgage/loan disabilities.
- Letter for attorneys and courts, agencies, employers, academic institution, etc.
- Narrative summaries
- Family Medical Leave Act/FMLA forms for employers.

5.) TYPICAL REASONS FRO INSURANCE PARTIAL OR DENIED PAYMENT:

A. CONTRACTUAL EXCLUSION: The health insurance company may deny payment for services provided due to contractual exclusions, such as; pre-existing condition; uncovered/excluded diagnoses; or lifetime/annual deductible.

B. NON-APPROVED PROVIDER or UNAUTHORIZED SERVICES: It is the responsibility of the patient to ensure that the treating Physician is an **APPROVED PROVIDER**, and that **SERVICES ARE AUTHORIZED** by the insurance company which administers benefits. If the treating Physician is not a provider, or services are not approved or authorized for any reason, it is the patients full financial responsibility to pay for serviced provided.

C. "APPROVED PROVIDER" AND "CARVE OUT" IN MENTAL HEALTH: General health insurance company for medical and surgical services, whereas the other is the mental health insurance company for mental health services. The general health insurance company- like Blue Cross, Cigna, United Healthcare, Aetna, etc.- may "carve out" the administration of mental health services to the mental health insurance. Generally, on the back of the health insurance card there will be an 800 telephone number for mental health services to help determine this matter.

D. CHANGE OF INSURANCE COVERAGE NOTIFICATION: It is the companies or benefits. Patient's must inform our office of any personal changes, (e.g., name, address, phone numbers, etc.) that might affect benefits or coordination of care.

E. INSURANCE COMPANY ERRORS: it is the patient's responsibility to rectify errors with the health insurance company, such as rectifying incorrect patient identification or group numbers, coordination of benefits questionnaire, etc.

Patient authorizes photocopies of this form to be valid as the original.

This agreement will not be withdrawn or voided at any time until patient account for services rendered is paid in full. If patient is a minor, a parent or legal guardian must complete and sign.

Name: _____ SS#: _____

Patient/Guarantor Signature: _____ Date: _____