

MARSHALL AND ALBION ASSOCIATES

2017 PAYMENT POLICY

We are committed to providing you with quality and affordable health care. Our patients have had questions regarding patient and insurance responsibility for services needed, we have been advised to develop this payment policy. Please read it, ask any questions you may have and sign in the space provided.

1. **Insurance.** We participate in most insurance plans, including Medicare. If you are not insured by a plan we participate with, payment in full is expected at each visit. If you are insured by a plan we participate with, but do not have an up-to-date insurance card, payment in full for each visit is required until we can verify your coverage. Knowing your insurance benefits is your responsibility. Please contact your insurance company with any questions you may have regarding coverage.
2. **Co-payments and Deductibles.** All co-pays, deductibles, and balances must be paid at the time of service. Co-pays are not part of your yearly deductible and generally are not required for medical procedures. We will require a payment of \$85 for any outstanding deductibles. This arrangement is part of your contract with your insurance company. If you are unable to pay for your visit, you will be asked to reschedule. Failure on our part to collect co-payments and deductibles from our patients can be considered fraud. Please help us in upholding the law by paying your co-payment at every visit.
3. **Non-covered Services.** Please be aware that some services you receive may not be covered or not considered reasonable or necessary by Medicare or other insurance. You must pay for these services in full at time of visit.
4. **Proof of Insurance.** All patients must complete our patient information form before seeing the doctor. We must obtain a copy of your driver's license and valid insurance to provide proof of insurance. If you fail to provide us with correct insurance information, you may be responsible for the balance of a claim.
5. **Claims Submission.** We will submit your claims and assist you in any way we reasonably can to get your claims paid. Your insurance company may need you to supply certain information directly to them. It is your responsibility to supply certain information and to comply with their request. Please be aware that the balance of your claim is your responsibility whether or not your insurance pays your claim. Your insurance benefit is a contract between you and your insurance company; we are not part of that contract.
6. **Coverage Changes.** If your insurance changes, please notify us before your next visit so we can make the appropriate changes to help you receive your maximum

benefits. If your insurance company does not pay your claim in 45 days, the balance may automatically be billed to you.

7. **Nonpayment.** Payment is expected at the time of service. If your account becomes past due, your account may be sent to a collection agency. If your account is sent to our collection agency (Tek Collect) a processing fee of \$17.00 will be applied to your account and is your responsibility. Please be aware that if your balance remains unpaid you and your family may be discharged from the practice.
8. **Missed Appointments.** Please call our office 24 hours in advance to cancel an appointment, if you do not call, there is a fee of \$25 for missed appointments and \$50 fee for extended visits that are 30 minutes or more. These charges will be your responsibility and billed directly to you. Please Help us to serve you better by keeping your regular scheduled appointment.
9. **After Hour's Fee.** Any appointments made after 5 p.m. Monday-Friday and Saturday have additional fee that is billed to your insurance.
10. **Prescriptions and Refills.** Please bring all medication with you to your appointment. Just as we cannot successfully treat illness over the phone, we hesitate to prescribe medications over the phone. If you are actively under care of our providers and need a long-term medication refill, please have your medication on hand when calling the office, you will be asked to leave your prescription information on the script line. Prescriptions will be handled Mondays, Wednesdays, and Fridays from 7:30 am to 3:30pm, if the refill request is approved by the provider, it will be called into the pharmacy of your choice.
Please understand that this may take 24-48 hours for the prescription to be called in. We ask that you call at least 2-3 business days before your prescription runs out to assure continuous care. No medication can be called in if you are overdue for an appointment except to "tide you over" until an appointment is made. Do not call the after hours provider for refills, no refills will be done. It is important that you bring your medications to your appointments so refills will be done. If you have to call for refills there is a \$5 charge per prescription charged to you.

Our practice is committed to providing the best treatment to our patients. Our prices represent the usual and customary charges for our area.

Thank you for understanding our payment policy. Please let us know if you have any questions or concerns.