

LINTECUM & NICKELL, P.C.
OFFICE AND FINANCIAL POLICY

EFFECTIVE 1/1/2024

Patient Name: _____ Patient number: _____

All patients must complete our Financial Policy and Patient Information forms **prior** to seeing the physician.

PLEASE NOTE: All appointment times are guidelines only. The physicians will spend as much time as needed to meet each patient's individual needs. This, as well as emergency cases and deliveries, can result in a delay in the daily schedules. We ask for your patience.

If you are more than 10 minutes late for your scheduled appointment time we reserve the right to not see you and reschedule your appointment.

YOUR INSURANCE INFORMATION AND PAYMENT RESPONSIBILITY: Please have your **current** insurance ID card available at each visit as well as a photo ID and current active credit card. We reserve the right to not see you if this information is not provided. It is your responsibility to inform our office of any changes.

The cost of medical care is determined by the nature and complexity of your visit. If you are here for an annual or wellness exam and problems are addressed then additional charges may apply or another scheduled visit may be needed. NON-emergent phone calls after hours may also result in a charge.

Your insurance plan is a contract between you and your insurance company. Our office makes every reasonable effort to obtain payment according to your coverage, it is the responsibility of you, the patient, to know and understand your insurance benefits as well as network status of your plan with our office as well as with St Luke's Hospital. Payment for services rendered is the responsibility of the patient whether your insurance pays or not. Our office also attempts to obtain accurate information from your insurance company for some procedures. If your insurance company does not provide accurate information and, subsequently, does not pay for services it is the responsibility of the patient to follow up with your insurance company regarding the unpaid claim. You, the patient, will ultimately be responsible for payment. We can also provide a good faith estimate for services provided, however, the actual dollar amount owed will be determined after the insurance adjudicates your claim.

CO-PAYS, DEDUCTIBLES, CO-INSURANCE AND OUTSTANDING BALANCES: All co-payments are due at the time of check-in, prior to your appointment with the doctor. By law we are required to make efforts to collect deductibles, and co-insurance and/or co-payment obligations. In addition, by law, we are responsible to attempt collections of these amounts once they are identified to us on your explanation of benefits as patient responsibility amounts. All patient responsibility amounts are due 30 days from the date of the statement which will be sent to you after your insurance has adjudicated the claim. Any unresolved outstanding balances may be placed with an outside collection agency. If this occurs you, the patient, will be additionally responsible for all collection agency fees, court costs and reasonable attorney fees.

COLLECTIONS POLICY: If you or your minor child is turned over to our collection agency, you have **90 days** to set up a payment plan or clear your balance at the agency in full. If you have not set up a payment plan with the agency by 90 days, you will receive a notice of dismissal as a patient from our practice.

