

Internal Medicine Associates
Patient Financial Policy
Revised June 2015

New

Patient Payment Policy & Statement of Responsibility

As your partner in healthcare, Internal Medicine Associates (IMA) strives to provide excellent medical care for you and your family.

Due to rising deductibles and increasing co-insurance, patient financial responsibility is higher than it has ever been. In order to continue to provide our patients with the highest quality medical care, we have established the financial policies and procedures described below to ensure we are able to meet the expenses necessary to operate our medical practice and maintain our high standards.

If you have any questions about our financial policies or procedures, please contact our Patient Financial Counselor at **219-794-0400, Ext. 107**.

Financial Policies and Procedures

Your insurance policy is a contract between you and your insurance company. As a courtesy, we will file your insurance claims for you. Any disputes between you and your insurance carrier are your responsibility.

Insurance and Demographic Information- It is your responsibility to provide us with your current insurance card and correct demographic information at every visit, so we can bill your insurance company in a timely and accurate manner. If we cannot verify insurance coverage, you will be considered self-pay and will be asked to pay for your visit that day.

Co-Pays and Estimated Co-Insurance- We will ask for your insurance co-pay at every applicable visit. We reserve the right to reschedule your appointment if you are unable to pay your co-pay at the time of service.

We will obtain detailed insurance benefits from your insurance carrier immediately prior to all procedures, infusions, and injections to provide you with the estimated patient responsibility for these charges. We may ask you to pay some *or all* of the estimated patient responsibility prior to services rendered. Because your insurance carrier can only provide us with an estimate, there is a possibility that you may owe us an additional amount once the claim is processed. If your account has a credit balance following receipt of payment from your insurance carrier, we will refund you within 30 days.

Patient Balances- We require you to pay any portion of your bill that is deemed your responsibility by your insurance company. This portion may be attributed to unmet deductibles, copayments, coinsurance and non-covered charges. We expect payment in full within 60 days of receipt of the patient statement from our office. If you are unable to make payment in full, we ask that you contact our Patient Financial Counselor at **219-794-0400, Ext. 107** to make payment arrangements. We do utilize an outside collection agency for delinquent accounts that also reports to the three major credit bureaus.

You will be asked to pay any previous balances, in full, when you check in for your appointment unless previous arrangements have been made. If you are unable to pay amounts due at check-in, you may be asked to meet with our Patient Financial Counselor and your appointment may be rescheduled.

Out of Network Benefits- We do our very best at IMA to maintain an up-to-date list of all insurances that we are "In-Network" with. Due to the wide variety of insurance plans, and very unclear insurance ID cards, it is not always possible for us to know if your services will be covered by your carrier at the In Network rate. We ask that you check with your carrier by phone or on their website to see if your doctor is listed as an In-Network-Provider. Out of network services are reimbursed at a much lower rate, typically leaving most, or all, of the balance to the patient's responsibility.

Referrals and Prior Authorizations- If your insurance carrier requires a referral or authorization for your visit, it is your responsibility to make sure we receive current valid authorization prior to being seen by the provider. If we do not have authorization for the visit we will be forced to reschedule your appointment. Again, it is your responsibility to understand your insurance coverage and the benefits, along with the limitations of your individual plan.

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My signature below acknowledges that I received a copy of Internal Medicine Associates Patient Financial Policy.

Patient Name (Printed)

Date

Patient Signature