



## **PATIENT FINANCIAL POLICY**

Welcome to our practice and thank you for placing your trust in us! We are committed to providing the best possible care and ensuring there is clarity in your financial responsibilities is an essential part of your care.

- **YOUR HEALTH INSURANCE POLICY**
  - It is a contract between you and your insurance company. It is your responsibility to know the specifics of your insurance coverage and whether Idaho Surgical/Surgery Center of Idaho is in or out of network.
- **REFERRAL OR PREAUTHORIZATION**
  - If needed, we will engage your referring physician or insurance company. However, it is ultimately your responsibility to ensure the referral or authorization is received in advance.
- **HEALTH CARE COMPANIES/PLANS**
  - We have contractual arrangements with most insurance companies/plans. However, the cost of care is ultimately your responsibility so please call your insurance company prior to your appointment to determine if your physician is in network with your plan. We will submit a claim to your plans and you will be expected to pay the co-payment and/or other financial obligations. Per your insurance company, we are expected to collect all co-payments and co-insurance/deductibles when you arrive for your appointment.
  - IUI and SCI are NOT contracted with any out-of-state Medicaid programs
- **PAYMENT IS DUE AT TIME OF SERVICE**
  - We accept debit cards, checks, money orders, VISA, MasterCard, Discover, American Express, or cash. We are unable to accept credit card convenience checks. If you are not able to make your co-payment, pay toward your balance, or your co-insurance/deductible, your appointment could be cancelled. We do have other payment options available to you (CareCredit, Flex-Pay, or up to 12-month interest-free payment plan). If your portion is not paid before services are performed, we will request identifying information (i.e., SSN) to facilitate collection of any unpaid balances.
- **INSURANCE CARD AND REFERRAL PAPERWORK**
  - Please bring a current copy of your insurance card and current authorization if required by your insurance company. If proof of insurance is not provided, you could be expected to make payment in full at the time of your appointment.
  - Medicaid patients are required to bring a current copy of their card or proof that an application is in process and Medicaid documentation that this will be a covered service.
  - Healthy Connections patients also will need to bring their Healthy Connections referral or make arrangements for their Primary Care Physician to send it to us prior to their visit.
- **PATIENTS WITHOUT INSURANCE COVERAGE**
  - If you do not have insurance coverage, charges incurred will be your responsibility and payment is expected at time of service (or upon receipt of your first statement). We offer a discount if your services are paid in full in advance. Please call our Business Office at 639-4910 for details.
- **NOTES:**

- We do not perform “WELLNESS” visits; please contact your primary care provider.

If you have a balance (patient responsibility) you are unable to pay with your first statement, we can hold it and place you on an interest-free payment program for up to 12 months (please contact our Business Office at 208-639-4910 for details). If regular payments are not received for two (2) consecutive statement cycles, your balance can be sent to collections. There are a few exceptions and we require payment in full prior to surgery for elective surgical procedures to include vasectomy, infertility (e.g., intrauterine insemination or vasectomy reversals), tubal, or routine circumcision.

Accounts with a past-due patient balance can be sent to a financial management/collection agency without further notice.

Insurance may not cover all services and supplies. If your health plan determines a service or supply is not covered (i.e. infertility or erectile dysfunction), you will be responsible for the complete charge. Payment for non-covered services is due upon receipt of a statement from our billing office. If you need to make arrangements for a payment plan, please contact our Business Office at 208-639-4910. Payment for certain supplies will be required at the time of the visit (e.g., catheters, leg bags, lubricants, etc.).

**SURGERY CENTER OF IDAHO:** There are multiple bills associated with a surgical procedure (surgeon, facility, anesthesia and sometimes pathology). We will provide you an estimate for your procedure’s cost and your anticipated payment responsibility, as well as contact information for any associated care providers who bill separately. This is an estimate only and if additional services are required and performed, they will be reflected on your statement. Please come to your appointment prepared to pay \$100 toward the surgeon fee and \$100 toward the facility fee (or make arrangements to pay in advance) or your procedure could be cancelled. If your insurance estimate indicates your out-of-pocket is less than \$100, please be prepared to pay the amount indicated.

There will be a \$25.00 charge for returned checks (insufficient funds).

<p>I have read and understand the financial policy of the Idaho Surgery and/or Surgery Center of Idaho, LLC and agree to be bound by its terms. I also understand that such terms may be amended without notice by the practice and if I refuse to sign and continue to seek/receive care, my agreement with this policy is implied.</p>	
<p>_____</p> <p><i>Signature of Patient and/or Guardian</i></p>	<p>_____</p> <p><i>Date</i></p>
<p>_____</p> <p><i>Print Patient Name</i></p>	<p>_____</p> <p><i>Patient Date of Birth</i></p>
<p>_____</p> <p><i>Print Name of Guardian (if applicable)</i></p>	<p>_____</p> <p><i>Date</i></p>

PLEASE ADVISE US OF ANY CHANGE IN ADDRESS, PHONE NUMBER, OR INSURANCE