

## **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 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.
  - Idaho Surgical is **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 208-908-7220 for details.

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 208-908-7220 for details). If regular payments are not received for two (2) consecutive statement cycles, your balance can be sent to collections.

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

- **SURGERY**

- We will obtain prior-authorization with your insurance company before your surgery, but this **DOES NOT** guarantee payment of the claim. Should your claim be denied by your insurance, you will be fully responsible for the professional and surgical fees associated with your treatment. We only handle the surgeon's fee. There are multiple bills associated with a surgical procedure (surgeon, facility, anesthesia and sometimes labs and pathology). Hospital, anesthesia and pathology fees associated with surgery are separate. It is your responsibility to call your insurance to see what is covered under your particular plan. Please call the member service number on the back of your card to ask about covered services and medical policies associated with your particular insurance plan.
- 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 208-908-7220 for details.
- If you are a self-pay patient, it is your responsibility to call and verify financial arrangements with the hospital and anesthesia group. Any labs, EKG, scans or pathology may also apply. It is the patient's responsibility to understand **ALL** associated fees that may be accrued at the time of surgery.

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

I have read and understand the financial policy for Idaho Surgical 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.

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

Print name: \_\_\_\_\_ Date: \_\_\_\_\_

Signature: \_\_\_\_\_