

Beal Wellness Financial Policy

Thank you for choosing Beal Wellness for your medical care. We appreciate that you have entrusted us with your health care, and we are committed to providing you with the best patient care possible. Because healthcare benefits and coverage options have become increasingly complex, we have developed this financial policy to help you better understand your rights and responsibilities as a patient.

1. We will collect your deductible, co-pay, uncovered services, past due balance, or the percent you are responsible for at the time of your visit. Please be prepared to pay at the time of check-in, before you are seen by the provider. If you have Medicare, PART B only you are responsible for your Medicare deductible and 20% of the charges at the time of service. Failure to pay will result in a cancellation of your appointment.

2. We will bill your insurance for covered procedures. It is your responsibility to make sure we receive prompt payment from them. It is useful to maintain frequent contact with your insurance carrier to make sure they are paying as they should. Once they have paid, you will receive a bill for any remaining deductible or co-insurance amounts owed. The balance is due in full within 30 days of receipt of the statement. Failure to pay within 30 days will result in a referral to an outside collection agency and the inability to schedule any further appointments at our office. If you are unable to pay the full amount within 30 days, please speak to the billing manager to create a payment plan.

3. Your health insurance policy is a contract between you and your health insurance company. Please note it is your responsibility as the Policy holder/Patient to understand the coverage and benefits and be knowledgeable of any deductibles, copayments and/or coinsurance. It is your responsibility to be sure that our office is in-network and the services are covered under your plan. If our office is out-of-network, you will have a higher out of pocket cost. If you have any questions in regards to your current insurance policy benefits you should contact your insurance plans' Member Services. You and/or your employer pay the monthly insurance premiums. Your insurance company is accountable to you. Do not hesitate to contact them if you disagree with their payment or to find out the status of your claims.

4. You must provide your current insurance card and photo I.D. and any authorization information you may have at each visit. Without these, we will be unable to see you. We must be able to verify your eligibility prior to your visit or your appointment will be re-scheduled. In addition, failure to inform us of a change in insurance may result in exceeding the limits of the time allowed to file a claim and you will be responsible for all charges. We will scan a copy of your insurance card and photo ID to copy and keep on file for our records in accordance with insurance plan requirements.

5. If your insurance company denies payment on your account you will be required to pay the balance. You will be responsible for any and all charges not paid or discounted by your insurance company.

6. In accordance with AMA CPT guidelines, we reserve the right to charge for telephone calls with our medical professionals that include evaluation and management of your medical condition. We will bill your insurance for such calls, but if it is not covered by your plan you may be responsible for the charges.

7. HMO or PPO PATIENTS REQUIRING A REFERRAL: You are responsible for making sure your visits with our office are authorized by your primary care physician (PCP). This authorization must be obtained before your scheduled visit. It is your responsibility to make sure we have received authorization. If you do not have the proper authorization, your appointment will be rescheduled and you may be subjected to a missed visit charge.

8. SELF-PAY PATIENTS: This category includes patients with no insurance and the patients who have an insurance plan with which we do not participate. Payment for medical services is required prior to services being rendered. We accept Visa, MasterCard, Discover and American Express, checks, cash and money orders. We will provide you with a receipt.

9. It is important that we have your correct address and telephone information on file. Please advise us anytime there is any change to your address, telephone, email address, or other contact information. Failure to update our office of any changes to your contact information will not delay the billing process for any patient balances on your account.

10. NON-MEDICAL FEES: Occasionally, there are costs that insurance will not cover; you are responsible for these costs. For example: We charge \$50 for prescription refills outside of a scheduled appointment. We charge \$50 for no-shows and late cancellations. We charge \$50 for returned checks. We charge for medical records and forms. There is a published list of records fees; please ask our office staff for this list if you have questions about the costs associated with forms. All balances (medical and non-medical) must be paid before you are seen.

11. We understand that every person's financial situation is unique. If you are having trouble paying your bills, please know that we are willing to work with you to create a payment plan that is fair to both you and Beal Wellness, however, partial payments will not be accepted. Please be aware that if a balance remains unpaid, we will refer your account to a collection agency, and you and your immediate family members will be discharged from this practice. We will refer you to a clinic that can accommodate financial difficulties.