

CAPITAL INTERNAL MEDICINE ASSOCIATES, P.C.

PATIENT FINANCIAL POLICY

Thank you for choosing Capital Internal Medicine Associates, P.C. (CIMA) as your health care provider. We are committed to building a successful physician-patient relationship with you and your family. Your clear understanding of our Patient Financial Policy is important to our professional relationship. Payment for services received is a part of that relationship. Please ask if you have any questions about our fees, our policies, or your financial responsibilities. Our billing office is available to answer your questions or help you work through individual financial challenges you may face.

INSURANCE

We participate with most major insurance plans. A list of these insurance plans is available upon request. As a courtesy to you, our billing staff will file a claim on your behalf provided we have your current insurance policy information. In order to properly bill your insurance, you must provide all insurance information, including primary and secondary insurances, as well as any changes as they occur. Failure to provide complete insurance information may result in patient responsibility for the entire bill. As a protection to you, we will ask for your ID and insurance card at each visit.

Please remember that insurance is a contract between the patient and the insurance company, and ultimately the patient is responsible for payment in full. Due to the many different insurance products out there, our staff cannot guarantee your eligibility and coverage. Be sure to check with your insurance company about covered services and participating physicians before your appointment. Not all insurance plans cover all services or providers. In the event your insurance plan determines that a service is “not covered”, you will be responsible for the complete charge. Payment is due upon receipt of a statement from our office.

Insurance companies sometimes ask patients for clarification regarding other insurance coverage, previous medical history or injury details (Coordination of Benefits or COB). It is your responsibility to comply with these requests. If the information is not received, your insurance company will deny payment of your claim, which will then become your responsibility.

SPECIAL INSURANCE SITUATIONS

As a condition of continuing physician/provider participation, most insurance carriers now require the provider to perform a set of services intended to assess, monitor and improve the overall well-being of their members. Many of these services are billed to your insurance and paid in the normal manner, such as Colorectal Screening, Breast and Cervical Screening, and Hemoglobin A1C lab tests. However, there are other aspects of your care we are required to report to your insurance carrier that are only occasionally separately payable, such as screening

for depression, assessing fall risk, or reviewing your body mass index. Insurance companies ask that we report these services by including specific codes on the claim submitted on your behalf. These types of services are NOT “patient responsibility.” If your carrier does not reimburse for these “reporting” services, any charges related to that service are adjusted off the claim. Please be aware that our compliance with insurance reporting of these health measures is required. If you should receive a statement including those charges, please contact our billing office and we will adjust your balance.

OUT OF NETWORK

If we do not participate with your insurance company, you agree to pay any portion of the charges not covered by insurance which are within the usual and customary allowance. If we are out of network for your insurance company and your insurance company pays you directly, you are responsible to pay CIMA for services rendered. You may endorse the insurance check to CIMA, or pay by personal check or credit card.

WORKERS COMPENSATION

If you are injured on the job we cannot bill your medical insurance. You must report your injury to your employer and provide us with an employer or workers compensation carrier contact name and phone number. If the claim is denied by the workers compensation insurance carrier, we will submit the claim along with the carrier’s denial to your primary medical insurance. If your primary medical insurance denies the claim, you will be responsible for payment in full.

MOTOR VEHICLE ACCIDENTS

If your visit is related to injuries received in a motor vehicle accident, you must provide us with the injury date, the state where the accident occurred, and the name and phone number of your claims adjuster. This information is necessary for us to confirm accurate billing information. Please be aware that you cannot be seen for MVA or Work Comp injuries at the same visit that you receive services that will be billed to your primary medical insurance.

REFERRALS AND PRIOR AUTHORIZATION

Certain health insurances require that you obtain a referral or prior authorization from your Primary Care Provider (PCP) before visiting a specialist or obtaining diagnostic testing. If your insurance company requires a referral and/prior authorization, you are responsible for contacting your primary care provider to initiate the request. Failure to obtain the referral and/or preauthorization may result in a lower or no payment from the insurance company, and the balance will be your responsibility. Rescheduling of your appointment may be required if no prior authorization or referral has been received.

PATIENT RESPONSIBILITIES

Deductibles and co-payments are part of your contractual agreement with your insurance company and it is our responsibility as participating providers to collect those fees. These fees will be collected at each visit. We will accept cash, check, or credit card. If your insurance company reimburses more than the billed amount, we will reimburse you or credit your account.

PATIENTS WITHOUT INSURANCE

If you have no private or group commercial health insurance, CIMA offers a reduced fee schedule. This fee schedule is not available to patients who are covered by an insurance plan. You must pay at least 50% of the Self Pay charges at the time of service. If charges are not paid in full, an approved payment plan must be established for the remaining balance.

FORM/PAPERWORK COMPLETION FEE

There is an administrative fee for completing forms that take our providers away from patient care, such as Handicap Parking Permits, FMLA, Disability, Leave of Absence, etc. A minimum fee of \$25.00 will be assessed. Fees may be higher for more extensive forms, including, but not limited, to disability forms.

FEES ASSOCIATED WITH CONTROLLED SUBSTANCE PRESCRIPTIONS

There have been recent changes in Michigan Law regarding prescribing of controlled substances and monitoring of their use. As a result, you may be required to schedule an office visit with the nurse when requesting refills or changes in medications. The new law requires specific consent forms, patient education and clinical monitoring for side effects and compliance at intervals throughout your treatment. Typically nurse visits will be required when there are adjustments to your medication, such as the addition of a new medication or changes in dose or frequency. Your visit with the nurse may result in a copay, depending on your individual insurance policy.

MISSED APPOINTMENT FEES

When you miss an appointment or cancel without twenty-four hours (24 hours) notice, it denies another patient the opportunity to be seen. We understand that emergencies can occur. However, absent unusual circumstances, the following fees will apply:

Established Patient Office Visit: 25.00

New Patient, Physical Exam, Wellness Exams and/or non-cardiac procedures: \$50.00

Nuclear Stress Testing/Stress Echo: \$100.00

OUTSTANDING BALANCES

Please be aware that statements will not be sent for balances less than \$10.00; you will be asked for the payment at your next patient appointment. It is our office policy that all past due accounts be sent three statements. If no payment is received, and you do not contact the office to discuss the account, your account will be sent to collections. Continued late payment or non-payment may result in your discharge from the practice. Please let us know if you are having difficulty paying your account. We may be able to help you by setting up a payment plan based on financial hardship. Please call 517- 372-3987.

CHECKS RETURNED FOR NON-SUFFICIENT FUNDS

If your check is returned due to non-sufficient funds, you will be notified by phone. You have seven days to provide payment in another form. If payment is not received within that time frame, a fee of \$25.00 will be added to your account. The total amount due, including the NSF fee, must be paid within fifteen days. Failure to make full payment within the designated time frame will result in referral to the State Attorney General's office.

We are pleased to welcome you to CIMA, PC. Please feel free to contact our billing office staff with any questions you may have. They can be reached at 517-372-3985.

Thank you,

**CAPITAL INTERNAL MEDICINE ASSOCIATES, PC
PROVIDERS AND STAFF**

Effective 11/14/2018