

# Patient Financial Policy



Thank you for choosing William Newton Surgery & Specialties as your healthcare provider. This policy is being provided to you in order to have a clear understanding of our Patient Financial Policy and is important for our professional relationship. It is your responsibility to provide William Newton Surgery & Specialties with current insurance information. We may ask for your insurance card, so please have it available each time you come to the clinic. If current information is not obtained at the time of service, it will become your responsibility to pay until current information is provided to the clinic. If you fail to provide this information and timely filing expires, you will be responsible for the outstanding balance.

**INSURANCE FILING:** Your insurance policy is a contract between you and your insurance company. As a courtesy, we will file the claim for you. However, we will not become involved in disputes between you and your insurance company. If a problem occurs with your claim, you will be asked to contact your insurance company to help resolve the problem. This includes, but is not limited to, questions regarding your deductible, co-insurance and non-covered charges. William Newton Surgery & Specialties will provide information as needed to assist you with your dispute. Please contact us at 620-222-6261 should you need any documents or information. We want to help you understand your healthcare billing.

**CO-PAYMENTS:** If your insurance policy calls for a co-pay for office visits, you will be required to pay it at the time of your service.

**PATIENT FINANCIAL RESPONSIBILITY:** William Newton Surgery & Specialties expects payment in full within 30 days from your first billing statement. We accept cash, checks, Mastercard, Visa, and Discover.

Please be aware our returned check fee is \$30.00.

If you do not have health insurance we expect payment at the time of the service unless other arrangements have been made in advance.

If we anticipate that your insurance company may leave you with a deductible, we may require deposits prior to services being rendered.

**PAYMENT OPTIONS:** Credit is a form of trust William Newton Surgery & Specialties has placed in you. Prompt payment is your obligation when you are granted credit, and is vital to the clinic's continued provision of quality health care service to this community. You are responsible for the timely payment of your account. You will receive a monthly statement for services which is due upon receipt. If a payment arrangement is needed, please contact our billing department at 620-222-6261. Timely payments are expected once this agreement is made.

We accept many forms of payment including VISA, MasterCard, American Express, DISCOVER, cash, money orders, or checks.

**SELF-PAY PATIENTS:** You will be required to pay a deposit on services. Any deposit collected will apply toward your total balance due. If you would like to pay in full at the time of service, a discount may be applicable. Please speak with the staff checking you in if you wish to take advantage of this discount.

**WORKER'S COMPENSATION:** If your office visit is due to an injury at work that has been reported to and verified by your employer, you may be eligible to have your claim covered by Worker's Compensation insurance. Be sure to inform our receptionist that the injury occurred while on the job. You will need to provide all claim information and complete a form in order for us to file this claim correctly.

**ACCIDENTS AND INJURIES:** All medical expenses that result from a vehicle accident or public liability are considered the personal responsibility of the patient.

**COLLECTIONS PROCESS:** If we do not receive your payment in full within sixty (60) days of your first mailed statement, and you have not made arrangements with our office or billing department, your account will be considered delinquent and may be considered for collection action. If your account is placed in collections you will be charged collection fees including but not limited to agency fees, attorney fees and court costs.

**FINANCIAL ASSISTANCE:** For more information concerning financial assistance programs contact the Billing Office at 620-222-6261.

**Please ask if you have any questions regarding our fees, policies or your responsibilities. Please direct questions to our billing office at 620-222-6261.**

**ASSIGNMENT OF INSURANCE BENEFITS:** I hereby authorize my Medicare and/or medical insurance benefits to be paid directly to William Newton Surgery & Specialties separately from other Facility or professional bills. I understand that I am financially responsible for non-covered services as well as any deductibles, coinsurance, co-pays, or amounts in excess of insurance benefits. If coverage is denied, I give my express consent to appeal to the insurance on my behalf.

Signature for Assignment of Benefits & acknowledgment of Financial Policy:

Signature of patient or responsible party:

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Relationship if other than patient:

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Date: \_\_\_\_\_