

**Axtell Clinic and Medical Park Eye Center Patient Financial Policy**  
**Effective: August 1, 2015**

Thank you for choosing Axtell Clinic for your health care needs. The patient financial policy has been developed to assist in answering your questions regarding patient and insurance responsibility for services rendered. Your understanding of and compliance with our patient financial policy is important. A copy will be provided to you upon your request.

1. **Proof of Insurance:** Axtell Clinic participates with a large variety of insurance plans, including Medicare. Even though we partner with many insurance companies, each insurance company often decides which individual plans we partner with. Because of this, we ask that you confirm with both your insurance and our staff that we are participants with your specific plan. If you are not insured by a plan in which we participate, payment in full is expected at the time of service. It is your responsibility to ensure that we have your correct information and a current copy of your insurance card.
2. **Updated Change of Information and Coverage:** We may ask you to update this form when we are aware that you have a change in insurance or employment. However, it is your responsibility to make us aware of these changes and if you fail to provide us with the correct updated information, you will be responsible for the entire cost of the services rendered and immediate payment will be expected. We will provide you the information to submit the claim to the correct insurance company if you so choose after we have received a denial for termination of coverage, lapse in coverage, or change in coverage.  
On occasion, we may need to reschedule your appointment with little notice; it is important that we have a current phone number on file to notify you of the change to avoid being charged for a missed appointment (see section 12 on missed, cancelled, and tardy appointments).
3. **Co-Payments, Deductibles and Co-Insurance:** Your co-pay is due at the time of service. If your co-pay is not paid at the time of service a \$15 administrative fee will be charged. Failure to pay your co-pay is a violation of your insurance contract, and may result in a denied claim. If this happens, you will be expected to pay 100% of the balance due to your contract breach. Any remaining balances (deductibles, co-insurance, etc.) are due within 30 days of the first statement unless you make other arrangements with our billing department. These balances must be paid before any further services will be performed. We may also require you to pay all or part of an anticipated patient responsibility balance as determined by your insurance contract prior to providing the service.
4. **Non-Covered Services:** Please be aware that some, or perhaps all, of the services you receive may not be covered or considered reasonable or necessary by your insurance plan. Payment in full will be expected at the time of these services or when we notify you of your insurance company's determination. It is your responsibility to know what services are covered and not covered as determined by your insurance contract. Since payment determination is made when the claim is submitted, you may be billed after the service for non-covered services.

5. **Referrals:** Some insurance plans require a referral from a primary care physician (PCP) to obtain services from a specialist or other PCP not listed on your insurance card. These health plans will not pay for services rendered without a referral. It is YOUR responsibility to obtain a referral prior to treatment. If you have not obtained the necessary referral, you may either reschedule your appointment or, if allowed by your insurance company, sign an agreement to pay for the services at the time it is rendered. If no referral is obtained and services are provided, you will be responsible for payment in full.
6. **Authorizations:** Obtaining a prior authorization for services is not a guarantee of payment. A prior authorization means that the information given at that time meets the medical necessity for the services, and is not a guarantee of payment. Your insurance plan will confirm to you that even though the services may be authorized, the services may not be covered under your plan and a decision of payment will not be rendered until the claim is submitted.
7. **Claims Submission:** As a courtesy to you, we will submit claims to your insurance company two times and assist in any way we can to facilitate payment. Your insurance plan may request information directly from you. Your failure to timely comply with your insurance plan's request or to provide us with correct information will result in a denied claim. If this occurs, or if your insurance company does not respond to our claims submission, you are responsible for paying for services rendered in full. Please remember, your insurance benefit is a contract between you and your insurance plan.
8. **Self-Pay:** If you are uninsured, payment in full is due at the time of service, and will be given a 15% discount for the Provider's services. No discount is provided for ancillary services (EKG, Lab, Injections, Medications, etc.). The discount is available to patients that carry health insurance but choose not to use it as long as our front desk staff is notified at check in and payment is made at time of service.
9. **Non-Payment:** Unpaid account balances will be referred to an agency for collection. Each time a balance is sent to collections, you will incur a \$30 administrative fee. Patients that have been turned to collections will need to pay the balance in full before another appointment can be scheduled, unless other arrangements have been made with our billing department. If your balance is sent to an agency for collection two or more times, you may be dismissed from the practice.
10. **Payment Methods:** We accept cash, personal checks, money orders, cashier's checks, MasterCard, Visa, Discover, and American Express as forms of payment for services rendered. We reserve CareCredit use for accounts with larger balances.
11. **Returned Checks:** A returned check fee of \$30 will be added to your account for every check returned for insufficient funds, stopped payment, or closed account. After the second occurrence, only cash, money orders, cashier's check, or credit card payments will be accepted, and you may be dismissed from the practice.

**12. Missed, Cancelled, and Tardy Appointments:** Missed appointments (No-Shows) are a loss for everyone and take up time that could be offered to other patients. Appointments classified as No-Shows will incur a \$25 fee. Appointments should be cancelled or rescheduled at least two (2) hours prior to the appointment time to avoid the No-Show fee. Patients who are more than ten (10) minutes late to their appointment may be asked to reschedule and may be charged the No-Show fee.

Patients who do not show for their appointment two (2) times in a twelve (12) month period may be asked to obtain healthcare services elsewhere. Families whose members collectively do not show for appointments two (2) times in a twelve (12) month period may be asked to obtain healthcare services elsewhere.

**13. ER Referrals:** Patients referred directly from Newton Medical Center Emergency Room will be expected to pay for their visit in full at time of service. Following the visit, we will submit a claim to your insurance company for payment. If your insurance company accepts the claim, we will refund the remaining balance as determined by your insurance company. Patients must understand that this is a “ONE TIME VISIT ONLY” and should notify a staff member if they wish to become an established patient of the clinic.

**14. Payment Plan:** Your balance must be more than \$100 to establish a payment plan and is expected to be paid in full within three (3) months unless other arrangements are made. You will be required to keep a credit card, debit card, or banking account information on file for automatic deduction of the agreed amount. If your credit card information changes or expires, you are responsible to inform Axtell Clinic to avoid missed payments. If a payment is missed, your account may be sent to collections immediately and without additional notice.

**15. Other Policies (Ophthalmology, OB):** Please ask our staff about policies relating to specialty items, such as ophthalmology services, optical supplies, and obstetric (OB) services.

Knowing your insurance benefits is your responsibility. Please contact your insurance plan with questions you may have regarding your coverage.

**Acknowledgment of Receipt of Financial Policy**

I acknowledge that I have received a copy of Axtell Clinic’s Patient Financial Policy with the effective date of August 1, 2015.

Patient’s Name: \_\_\_\_\_

Responsible Party (if not the patient): \_\_\_\_\_

\_\_\_\_\_

Signature of Patient or Responsible Party

\_\_\_\_\_

Date