

Merit Internal Medicine

Patient Financial Policy

Merit Internal Medicine looks forward to providing you medical care.

INSURED: We will file insurance for our PPO, HMO, and other managed care patients. However, all managed care copayment and/or deductible and coinsurance amounts are due at the time of the service. We take copayment at check-in PRIOR to seeing the doctor. It is your responsibility to make sure that the providers whom you see are in your managed care network. Your insurance policy is a contract between you and your insurance company. It is important that you understand its provisions. We cannot guarantee payment of your claims. Reduction or rejection of your claim by your insurance company does not relieve the financial obligation you have incurred. We will attempt to verify coverage, although this is not a guarantee of payment until your insurance has processed the claim.

UNINSURED: We do provide care for patients without insurance. Our self pay charges range from \$125-\$200 depending on the number of health problems addressed. Payment for \$125 will be due at the time of check-in PRIOR to seeing the doctor. Payment collected at check-in does NOT include any additional services such as labs, EKGs, or injections. Payment for these services will be due at check-out. If the doctor addresses more than 1 health concern, you will be charged more for the visit and expected to pay the difference at check-out. Overpayments resulting in a credit balance will be applied to any outstanding balances on your account or refunded back to the patient.

Worker's Compensation: We do not accept Workers' Compensation cases.

Payment Policy: We only accept credit cards, debit cards, and HSA/FSA cards as payment. We do NOT accept cash or checks.

Common Insurance denials include but are not limited to: Pre-Existing condition, insurance not in effect at the time of services, coverage by more than one plan in which coordination of benefits has not been arranged, policy maximum has been reached, or medical services rendered are not covered by the insurance policy. All unpaid balances remain the patient/guarantor responsibility.

How you can assist in several ways to expedite your claim and reduce denials: You will be asked when you check in at every visit to provide a picture ID, verify your personal information, and make any changes so that your account can be updated. It is your responsibility to inform us of any demographic and insurance changes. If you have two or more insurance carriers, please advise us and provide a copy of both cards.

No show, cancellation and late patient policy: If you are unable to keep a scheduled appointment, please give 24-hour notice. The first occurrence is a warning. You will be charged \$50 for the second occurrence. If there are three or more scheduled appointments which you do not keep without prior 24 hour cancellation or if there are repeated scheduled appointments in which you arrive fifteen minutes late, you could be subject to dismissal from the practice.

FMLA/ Other Paperwork Forms: Blank forms will not be accepted. Personal information must be completed. Paperwork will be completed in 7 business days. Forms are completed for those accounts in good standing. Outstanding balances must be paid prior to forms being filled out. We charge \$25- \$50 to complete forms.

I have read and understand my financial obligations. I understand that this office will file an insurance claim on my behalf based on the information I provide.

I understand that I will be fully responsible for payment of all medical services denied by my insurance company as applicable by state and/or federal law.

Patient (or responsible party) Signature

Date