

IMA PATIENT FINANCIAL RESPONSIBILITY POLICY

Thank you for choosing Integrated Medicine Alliance! We are pleased to participate in your health care and look forward to a long lasting relationship as your health care providers. As part of this relationship we have outlined our expectations for your financial responsibility. Please read this document thoroughly, and sign at the bottom. If you have any questions please contact our central billing office.

Address or Insurance Change

- It is important that we have your correct address and health insurance information on file. Please advise us anytime there is a change to your contact information. If your insurance changes, please make sure to bring the new insurance card with you to your next visit.

Co-payments, Deductibles, Coinsurance and Non-covered services

- Copayments are collected at the time of service. Deductibles and coinsurances will be billed after claims are processed by insurance. Fees for non-covered services, if known, are due at the time of service. We accept cash, checks and all major credit cards.

Insurance

- It is important for you to be an informed consumer who understands your health insurance plan (e.g. vaccine and doctor visit coverage, urgent care coverage, laboratory tests, etc...) Your health insurance policy is a contract between you and the health insurance company or your employer. It is your responsibility to know if your insurance has specific rules, such as the need for referrals or any limits on out-patient charges.
- **Please be prepared to present your current insurance card at every visit.** We will bill your insurance company directly for medical services rendered. If problems arise regarding coverage we will attempt to work with your insurance company to resolve them prior to making it your responsibility. However, please be advised you are ultimately responsible for payment of medical services provided.
- We are required to submit claims to insurance companies in a timely manner. If the information you provide us is not correct or current and is received after timely filing limits, you will be responsible for payment in full. You can then submit directly to your insurance company for reimbursement.
- If your insurance carrier is not one we participate with, you are responsible for payment in full at time of service.
- Please make sure to learn the details of your benefits, out-of-pocket fees and coverage. If we contact your insurance company regarding benefits or authorizations on your behalf, we are not responsible for incorrect information provided to us by your carrier.
- Please allow 5 days for referrals.

Guarantors, minors and dependents

- Any patient over 18 will be held financially responsible for all charges incurred. If another party is responsible for payment of your account, you must pay your balance in full and arrange repayment with them outside of our office.
- Parents and guardians are responsible for payments for their dependents at the time of service. The accompanying parent or adult is responsible for full payment. In the case of divorce, it is the responsibility of the parents to work out the payments for their children between themselves.

Billing

- If you owe additional money after your visit, you can expect to receive a statement. Statements are sent on a monthly basis and due upon receipt.
- We will work on a case-by-case with patients who find it necessary to set up payment plans to pay their balances. Please contact the billing office to discuss your particular situation.

Failure to Pay

- Just as we make every effort to accommodate you when you are in need of medical care, we expect that you will make every effort to pay your balance in a timely manner.
- Patients who fail to pay their bill, and ignore collections notices from IMA are subject to potential discharge from all IMA offices. The account may also be turned over to a collection agency for further action. You may be liable for any and all charges associated with collecting the outstanding balance.

Fees

- Returned checks are subject to a \$20.00 fee and you will only be able to pay your balances with either cash, money order or credit card.
- Failure to keep your scheduled appointment may result in a charge of \$50.00. Missed appointments represent a cost to us and other patients who could have been seen in the time that was set aside for you.
- There is an administrative fee for copying medical records and completing forms such as DMV, FMLA, leave of absence, disability, etc... Most forms require time to be completed so please allow 5-7 business days.

Worker's Compensation and Motor Vehicle Claims

- The patient must provide at time of service: a claim number, name of carrier, date of injury, name of employer (WC) and the name and number of the claims adjuster. Without this information the patient may be held responsible for all charges and payment will be collected at time of service.

Printed Name of Patient

Signature of Patient or Legal Guardian

Date