

Buckner Elam Medical Financial Policy
FINANCIAL POLICY

Thank you for choosing Buckner Elam Medical to serve you and your family's health needs.. **Your medical insurance is a contract between you and your insurance company. We can often help with providing information to help you in filing claims, but you are primarily responsible for any charges that you have incurred as a patient with Buckner Elam Medical, Setal Rana MD PA**

Please Review and sign the following financial policy prior to your office visit.

1) **CO-PAYMENTS, DEDUCTIBLES, AND FEES – All co-payments, insurance deductibles, and fees for services not covered by your insurance policy are due at the time service is rendered.** We accept cash, check, or credit cards (VISA, MasterCard). Outstanding payments are due at time of service unless other arrangements have been made.

2) **INSURANCE – Patients must complete and sign information and insurance forms prior to being seen. You must present a current insurance card at each visit. If you or your children do not present a current insurance card, you will be responsible for payment at the time of your visit.** If your insurance carrier is not one with which we participate, you are responsible for payment in full. Insurance plans and Medicare consider some services to be “non-covered,” in which case you are responsible for payment in full. You have a responsibility to provide information to our office so a claim can be properly submitted. **If your insurance company has not paid a claim on your behalf with 90 days because of information that you have not provided, the balance will be transferred to your account and you will be responsible for payment.** If we receive payment at a later date, you will be reimbursed.

3) **MINORS AND DEPENDANTS – Parents and guardians are responsible for payments for their dependants at the time the service is rendered. Minors and dependants must present a valid insurance card at each visit if a claim is to be filed.**

4) **MISSED APPOINTMENTS – Unless they are cancelled at least 24 hours in advance, our policy is to charge for missed appointments.** The fee for a missed routine appointment is \$25 . This fee is not covered by your insurance plan and is your responsibility. Exceptions are Medicaid, if you no show more than 3 times you will be dismissed from this practices.

5) **PROMPT PAYMENT – 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 bill promptly.** If you have a financial hardship or if you are unable to pay your bill in its entirety please contact our billing office to discuss payment options. **If your account becomes delinquent and you have not established or met payment options with our billing office, your account will be turned over to a collection agency and we will ask you to see your medical care from another medical office.**

6) **MEDICAID-We do not see newborns on moms Medicaid card. Plans change and we require you have your Medicaid card each month. This is your responsibility to bring this, if the claim is not paid this will be your responsibility.**

I have read the financial policy and agree to its terms.

Patient Signature

Date Signed