

# **Infusion Associates PC Financial Policy**

We would like to thank you for choosing Infusion Associates PC as your healthcare provider. Infusion Associates is committed to providing you with the best possible medical care. We are sure you understand that payment for this healthcare is your responsibility. The following information outlines your financial responsibilities related to payment for professional services.

## **For Our Patients with Medical Insurance Benefits:**

We participate in most major health plans. We have contracts with many HMO's, PPO's, insurance companies and government agencies including Medicare and Medicaid. Our business office will submit claims for any services rendered to a patient who is a member of one of these plans and will assist you in any way we reasonably can to help get your claims paid. It is the patient's responsibility to provide all necessary information before leaving the office. If you have a secondary insurance we will automatically file a claim with them as soon as the primary carrier has paid. Your insurance company may need you to supply certain information directly. It is your responsibility to comply with their request.

Please bring your insurance card with you at the time of your appointment.

If you are insured by a plan we do business with but don't have an insurance card with you, payment in full for each visit is required until we can verify your coverage.

If a patient is a member of an insurance plan with which we do not participate, payment in full is due at the time of service.

## **Co-Payments:**

Your insurance company requires us to collect co-payments at the time of service. Waiver of co-payments may constitute fraud under state and federal law. Please help us in upholding the law by paying your co-payment at each visit. For your convenience we accept cash, checks or the following credit cards: Visa, MasterCard and Discover. If you do not have your co-payment your appointment may be rescheduled.

Additionally, you may have coinsurance and /or deductible amounts required by your insurance carrier. This amount will be estimated before your appointment and will be collected at the time of service. Any outstanding balance on your account, after adjusting for all your insurance's responsibilities, will be billed to you.

## **Waiver of Patient Responsibility:**

It is the policy of Infusion Associates to treat all patients in an equitable fashion related to account balances. The practice will not waive, fail to collect, or discount co-payments, co-insurance, deductibles, or other patient financial responsibility in accordance with state and

federal law, as well as participating agreements with payers. Full or partial financial responsibility may only be waived in accordance with the practice's Charity/Free Care Policy.

**Non-Covered And Out Of Network Services:**

Medical services that are considered by your insurance company to be non-covered, out of network, or not medically necessary will be your responsibility.

**Coverage Changes:**

If your insurance changes, please notify us before your next visit so we can make the appropriate changes to help you receive you maximum benefits.

**For Our Patients With No Medical Insurance:**

If you do not have group or individual medical insurance, payment for all professional services is expected at the time of your visit. Please note, we do offer discounted fees for patients without health insurance.

**Payment Plan:**

Please let us know if you are having difficulty paying your account. We may be able to help you by setting up a payment plan based on your financial hardship, call 616-954-0600 for assistance.

**Appointment No-Shows:**

Any patient who fails to arrive for a scheduled appointment without cancelling the appointment at least 24 hours prior to the scheduled time is considered a "no-show". A patient who fails to present themselves two times for scheduled appointments is considered a chronic no-show. A patient who is a no-show four times may be dismissed from the Practice.

**Delinquent Balance Appointment:**

Patients with a delinquent balance are required to make payment in full for future services. A delinquent account is defined as a patient balance in excess of 120 days if the patient has not made any payment or sought assistance via financial hardship during this time. If such payment is not made, services may be refused.

**Nonpayment:**

All patient responsible balances that remain delinquent after 90 days, with no response to our requests for payment, may be referred to a collection agency. Please be aware that if a balance remains unpaid, you and/or your immediate family members may be discharged from this practice. If this is to occur, you will be notified by regular and certified mail that you have 30

days to find alternative medical care. During that 30-day period, our physician will only be able to treat you on an emergency basis.

Thank you for understanding our financial policy. Please let us know if you have any questions or concerns.