EverCare Medical Associates

Patient Financial Responsibilities

Before scheduling your appointment, check with your health insurance provider to see if you are covered and learn the specifics of your coverage. Insurance plans are agreements made between you and your insurer, and EverCare cannot ensure that an insurance provider will pay for your care. It is your responsibility to understand what types of coverage your health insurance provides and to be sure that you meet all requirements stipulated by your specific plan.

Your health insurance provider will be able to inform you of your level of coverage and what, if any, copayments, coinsurances and deductibles will be your responsibility. If you do not contact your provider, you can be ultimately be responsible for all or a large portion of your bill.

Workers' Compensation and Automobile Accidents

Our Health Center provides treatment for established patients for both work-related injuries and automobile accidents. The patient is responsible for providing us with timely billing information for treatment of these injuries. For the first visit for a work-related injury, we must have the name and phone number for your employer so that we can contact them to get approval for treatment. For treatment for an automobile accident injury, we understand you may not have complete insurance information at the time of your first visit. However, it is the patient's responsibility to provide this information to us as soon as possible. Without this information, the patient will be responsible for the charges.

Missed Appointments

If you need to cancel an appointment, we ask for at least a 24-hour notice. This allows us to offer the appointment to another patient. If you fail to keep your appointments without letting us know in advance, you may be charged a fee.

Returned Checks

The charge for a returned check is $25.00 payable by cash or money order. This will be applied to your account in addition to the insufficient funds amount. You may be placed on a cash only basis following any returned check.

Minors

The parent(s) or guardian(s) is responsible for full payment.

EverCare Medical Associates

Patient Financial Responsibilities

Outstanding Balance Policy

Payment in full is expected on receipt of your billing statement. The statement will reflect the amount you owe after your insurance, if any, has processed your claim. If no resolution can be made within thirty (30) calendar days, the account will be sent to the collection agency and discharge from the practice may be initiated.

Proof of Insurance All patients must complete our patient information form.

If you are not insured by a plan that we participate with, payment in full is expected at each time of service. It is your responsibility to ensure that we have your correct information and an up-to-date copy of your insurance card.

Updated change of information & coverage

We will ask you to update this whenever you have a change in address, employment, insurance, etc.

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.

Co-Payments, deductibles & Co-insurance

All co-payments, deductibles & co-insurance must be paid at the time of service. Payment of your copayments, deductibles & co-insurance is part of your contract agreement with your insurance plan. Our failure to collect payment may be a violation of billing compliance and may be considered as an act of fraud by your insurance plan.

Non-covered service

Please be aware that some or perhaps all of the services you receive my not be covered or considered reasonable or necessary by your insurance plan. If you elect to have these services, you will be asked to sign a waiver and payment in full at the time of service will be expected.

EverCare Medical Associates

Patient Financial Responsibilities

Referrals

Some insurance plans require a referral from a primary care physician to obtain services of a specialist, such as a cardiologist. 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 a waiver agreeing to pay for the service at the time it is rendered.

Authorizations

Obtaining a prior authorization for services is not a guarantee of payment of benefits. A prior authorization means that the information given at that time meets the medical necessity for the services 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 for payment will not be rendered until a claim is submitted.

Claims submission

We will submit your claims and assist you in any way we can to help get your claims paid. Your insurance plan may request information directly from you. Your failure to timely comply to your insurance plan's request may result in your claim denial and if so, will result in our seeking full reimbursement from you for services rendered; even if we are a participating provider with your plan. Your insurance benefit is a contract between you and your insurance plan.

Self-Pay

If you do not have valid health care coverage, you will be considered as self-pay. Payment in full is due at the time of service unless you make other arrangements with us.

Non-payment:

If your account is over 30 days past due, you will receive a statement indicating that you have 30 days to pay your account in full. Partial payments will not be accepted unless you have contacted our office and otherwise negotiated. Please be aware that if a balance remains unpaid, we will turn your account over to a collection agency after the 120th day past due.

Payment methods:

We accept cash, personal checks, money orders, cashier's check and most major credit cards as payment for services rendered.

EverCare Medical Associates

Patient Financial Responsibilities

I HAVE READ AND UNDERSTAND THE PAYMENT POLICY AND AGREE TO ABIDE BY ITS GUIDELINE.

Patient's Name:_____

Responsible Party (If not the Patient):_____

Signature of Patient or Responsible Party:_____

Date:_____