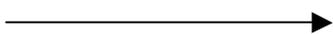


If You Have...	You Are Responsible For...	Our Staff Will...
Commercial Insurance Includes HMO & PPO plans with which we have a contract. Also includes in-state Exchange plans with which we have a contract.	<p><u>If the services you receive are covered by your plan:</u> Payment of the patient responsibility—copay, unmet deductible, unmet coinsurance—at the time of the visit.</p> <p><u>If the services you receive are not covered by the plan:</u> Payment in full at the time of service.</p>	<p>Call your insurance company ahead of time & estimate co-pays, deductibles and coinsurance.</p> <p>File an insurance claim on your behalf</p>
HMO plans with which we are <u>not contracted</u>.	Payment in full for office visits, x-ray, injections, and other treatment charges at the time of service.	Provide a receipt so you can file the claim with your carrier
Out of Network Plans Includes out-of-state Exchange plans.	Payment of the patient responsibility including unmet deductible or unmet coinsurance at the time of the visit.	<p>Call your insurance company ahead of time to estimate out of network benefits, deductibles, & coinsurance</p> <p>File an insurance claim on your behalf.</p>
Medicare Part B	<p>If you have regular Medicare, and have not met your deductible, it is due at the time of service.</p> <p><u>If you have regular Medicare primary, and also have a secondary insurance:</u> No payment is necessary at the time of the visit unless you have an unmet secondary deductible or out of pocket amount.</p> <p><u>If you have regular Medicare primary, but no secondary insurance:</u> Your 20% copay is due at the time of service</p>	<p>Call your secondary insurance company ahead of time to determine any deductibles or coinsurance</p> <p>File the claim on your behalf, as well as any claims to your secondary insurance.</p>
Medicare Advantage or HMO	All applicable copays, deductibles and coinsurance is due at the time of service	File the claim on your behalf, as well as any claims to your secondary insurance.
Worker's Compensation (Indiana Only)	<p><u>If we have verified the claim with your carrier</u> No payment is necessary at the time of service</p> <p><u>If we are not able to verify your claim</u> Payment in full at the time of service</p>	Call your carrier or employer ahead of time to verify the accident date, claim number, primary care physician, employer information, and referral procedures.
Worker's Compensation (Out of State)	Payment in full at the time of service	Provide a receipt so you can file the claim with your carrier.
An Auto Claim <u>OR</u> A Liability Claim	<p><u>If we have verified the claim & Med-pay benefits with your carrier</u> No payment is necessary at the time of service</p> <p><u>If we are not able to verify your claim</u> Payment in full at the time of service</p>	<p>Call your carrier ahead of time to verify the accident date, claim number, and med-pay benefits available.</p> <p>Provide a receipt so you can file the claim with your carrier.</p>
Occupational Injury	Payment in full at the time of visit	Provide a receipt so you can file the claim with your carrier.
No Insurance	Payment in full at the time of the visit.	Provide a receipt for your records



I located my plan type above. I have read, understand and agree to my responsibilities:

_____ (initial) _____ (date)

How May I Pay?

We accept cash, check, VISA, MasterCard, Discover and Care Credit. If your personal check is returned for any reason, you will be assessed a \$25 fee and you will be required to pay by cash, debit or credit at any future appointments. Any balance remaining on your account is due upon receipt of your statement.

Do I Need A Referral?

You may. We suggest you call the Member Services number on the back of your insurance card. If a referral is required and we have not received an authorization prior to your arrival, we have a telephone available so you can call your primary care physician. If you are unable to obtain the referral at that time, you can reschedule. Any medical claims denied for lack of referral are still your financial responsibility.

If I Have A Liability or Auto Claim, Will You Bill My Private Health Insurance?

NO. If we are unable to verify your claim prior to your appointment or if your Medpay benefits are exhausted, you are responsible for payment in full at the time of service. Additionally, we will not bill any auto or liability insurance as a secondary payer. We do not accept liens or settlements, nor do we accept letters of protection from attorneys.

What if My Child Needs to See the Physician?

A parent or legal guardian must accompany minor patients. This adult is responsible for payment. We do not bill another adult on your child's behalf and they are not a party to any financial arrangements made with NIHW.

What if Someone Else Is Paying My Medical Bills?

If you are 18 or older, you are personally responsible for your medical bills no matter who the insurance policy holder is. Any payments made by another person on your behalf are private between you and that person.

What if My Insurance Doesn't Cover A Treatment I Receive?

It is your responsibility to know your specific insurance benefits including any policy limitations. You are personally responsible for any denied services, non-covered services, unmet deductibles or co-insurance, co-pays, or policy exclusions.

Surgery

We collect pre-surgical deposits, the amount of which depends on your insurance benefits. A cost estimate which shows your estimated financial responsibility is provided. The final amount owed may differ from your estimate.

Refunds

Once you have been released from care and require no further office visits **AND** your insurance company finishes processing all your dates of service, any remaining credit balance over \$1.00 will automatically transfer to a refund report. Refunds are generally processed twice per month. Refund checks are mailed to your primary address.

Small Balance Write Offs—Account Balances of \$1.00 or Less

We do not send statements if you owe \$1.00 or less. We do not mail refund checks if your account credit is \$1.00 or less. If you want to be billed for and receive refunds for amounts of \$1.00 or less, please check the following box:

What if I Don't Pay My Balance?

You are subject to immediate action including, but not limited to: suspension of further office visits until your financial obligations are met; dismissal from the practice; reporting of your delinquency to our collection agency, your insurance company, and the national credit bureau wire agencies; as well as legal action. If dismissed from the practice and you would like to continue care, you are subject to payment of a \$50 reinstatement fee as well as payment in full on any amount that has been sent to collections and/or remains on your account as bad debt or otherwise.

I have read, understand, & agree to the above Financial Policy. I understand that charges not covered by my insurance company, as well as applicable copayments, deductibles and coinsurance amounts are my responsibility. I have had the opportunity to ask any questions about items I do not understand.

I authorize my insurance benefits be paid directly to Northern Indiana Hand & Wrist Center (NIHW)

I authorize NIHW to release pertinent medical information to my insurance company of record if and when requested, or to facilitate payment of a claim.

Date

Signature

Printed Name