

POA / HANDSPRING PATIENT FINANCIAL POLICY

We are committed to building a successful relationship with you and your family. As such, your clear understanding of our Patient Financial Policy is important to our professional relationship and payment for services is a part of that relationship. It is your responsibility to notify our office of any patient or insurance information changes.

Coinsurance & Deductible

All coinsurance amounts and past due balances, are due at the time services are rendered, unless previous arrangements have been made with administrative staff. We accept cash, check or credit cards. No post-dated checks will be accepted.

Insurance Claims

Insurance is a contract between you and your insurance company, and we bill them as a courtesy to you. To bill properly, we require that you disclose all insurance information including primary and secondary insurance, as well as any change of insurance information. Failure to provide complete insurance information may result in patient responsibility for the entire bill. Although we may estimate what your insurance company may pay, it is the insurance company that makes the final determination of your eligibility and benefits. If your insurance company is not contracted with us, you agree to pay any portion of the charges not covered by insurance, including but not limited to those charges above the usual and customary allowance. If we are out of network with your insurance company, and your insurance pays you directly, you are responsible for payment and agree to forward the payment to us immediately.

To ensure a smooth claims process, please avoid making any changes to your insurance coverage during the fitting and fabrication of your device. The date of service for your claim will be the date your device is delivered.

If your insurance plan is one with which we are not a participating provider, you will be responsible for payment in full at the time of delivery unless other arrangements have been made with administrative staff. As a courtesy, we will file your initial insurance claim.

Minors

The parent(s) or guardian(s) is/are responsible for full payment and will receive the billing statements. A signed release to treat may be required for unaccompanied minors.

Motor Vehicle Accident (MVA) & Third-Party Billing

Since our relationship is with you and not with the third-party liability insurance (auto, homeowner, etc.), we will not be submitting a claim on your behalf. It is your responsibility to seek reimbursement from the liability insurance. However, at your request, we will submit a claim to your primary health insurance carrier. You may receive an accident questionnaire from your health insurance to be completed by you. If the questionnaire is not returned to your health insurance company and/or we receive a denial on your claim, you will be responsible for payment in full.

Outstanding Balance Policy

Our office policy requires that all patients receive routine statements. If payment is not received within a reasonable time, we will attempt to arrange a payment plan. If no resolution is reached, the account may be referred to a collection agency. This could result in discharge from our practice. The person responsible for the account will be liable for all collection costs, including attorney fees and court costs.

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Refunds

We do our best to estimate your deductible and coinsurance before you receive your device. However, there may be discrepancies during the processing of our claim. Any overpayment will be credited to your account. Please contact our billing department if a refund is preferred.

When a custom fabricated device is prescribed by the physician and made to fit you, it cannot be returned for credit or refund. Prescribed prefabricated items cannot be returned for credit or refund due to hygienic concerns.

Returned Checks

The charge for a returned check is \$35 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.

Self-pay Accounts

Self-pay accounts include when patients have no insurance coverage, patients are covered by insurance plans in which the office does not participate and liability cases. We do not accept attorney letters or contingency payments. Extended payment arrangements may be considered on an individual basis. Please ask the office administrative staff to discuss a mutually agreeable payment plan. It is never our intention to cause hardship to our patients, only to provide them with the best care possible and the least amount of stress.

Workers' Compensation

It is the patient's responsibility to provide our office staff with claims adjuster and/or attorney contact information regarding a workers' compensation claim. If the claim is denied by the workers' compensation insurance carrier, it then becomes the patient's financial responsibility. At your request, we will submit the claim to your primary medical insurance carrier with a copy of the workers' compensation insurance denial. If your primary medical insurance carrier's claim is denied, you will be responsible for payment in full.

This financial policy helps the office provide quality care to our valued patients. If you have any questions or need clarification of any of the above policies, please feel free to contact us at POA/Handspring, 4 Riverside Drive, Middletown, NY 10941 or (845) 956-0001