

## Financial Policy

### Mid America Physicians, Services, LLC

The healthcare providers and staff of Mid America Physician Services, LLC, (MAPS) strive to offer comprehensive, quality care to all of our patients. We feel that it is appropriate to inform our patients in advance of the policies, procedures, and authorizations required that may ultimately affect their care.

Obviously, not all the policies, procedures or authorizations may apply to you, however please read each one carefully.

### Cash Accounts

All patients without proof of insurance are responsible, at the time of service, for all expenses incurred during their office visit. MAPS offers a 20% discount to patients without insurance, **if payment is made at the time of service.**

**Maps accepts cash, checks, Master Card, Visa, and Discover.**

### Payments Due at the Time of Service

All insurance co-pays, deductibles, and coinsurance are due at the time of service. If patient does not have their co-pay at the time of check-in, a \$10.00 billing fee may be assessed. All balances after insurance has paid are due within 30 days of insurance payment. If account has *been* sent to an outside collection agency, that patient will have responsibility to pay all fees, court costs and other charges incurred in forwarding the unpaid balance to the collection agency. The patient will not be allowed to schedule future appointments, or seek medical advice until the unpaid balance has been paid in full.

### Gardasil, Lupron, Depo or Rhogam Injections, IUDs and Non-Covered Services

Patients must call their insurance carrier, prior to their visit, to determine whether they have coverage for Gardasil, Lupron, Depo or Rhogam injections, non-diagnostic ultrasounds, STD testing, treatment for infertility, etc. Services that are not covered may be due at the time of service.

### Referrals, Pre-Certification and Pre-authorizations

Certain insurance plans may require a referral. It is the patient's responsibility to obtain a referral from her PCP and to provide the referral to our office before her scheduled appointment. While we often try to complete pre-certifications and/or pre-authorizations as a courtesy to our patients, please know it is ultimately the patient's responsibility to ensure these authorizations are completed. In the event a surgery, hospital admission, or non-routine care is planned at any facility, the patient must notify their insurance company immediately.

### Laboratory Testing

The patient's care may include outside laboratory testing. The patient will receive a separate billing for these services. If the patient's insurance plan requires the use of a specific laboratory, the patient must inform the nurse or the lab tech prior to the test. The office will not be responsible for specimens sent to the wrong laboratory. In many cases **the patients will request these non-covered tests which may include but are not limited to STD screenings and HIV testing.** The laboratory will submit charges for these tests but the patient is ultimately responsible for the fees if denied by their insurance company. Screening tests are typically NOT covered Please check with your insurance.

### Disability, Insurance or Employment Forms

Patients may leave these forms at our office for completion after the patient portion has been completed. The staff will complete the form within ten (10) working days. There is a fee for each form (to obtain current fee information please contact our disability desk). Payment in full is required before the forms are released.

### Missed Appointments

There may be a charge for missed appointments that are not changed or cancelled within 24 hours prior to their scheduled appointment.

### Returned Check Fees

A returned check fee of \$35.00 and may be assessed for a returned check. Patient may *be* required to pay cash or use a credit card for any future payments.

### Medical Records Releases

Medical Records will be released when a valid HIPAA compliant authorization or a court-ordered subpoena is received

(please allow 7-10 business days for processing). Appropriate fees for the copying and mailing of medical records will be charged. Please contact the Medical Records department for further information.

**Discharge of a Patient**

The providers have the right to discharge any patient from the MAPS practices at any time for various reasons, including but not limited to, failure to abide by financial policies, noncompliance with recommended treatment plans, drug-seeking activity, and any verbal or physical abuse of healthcare providers and staff.

**Insurance Policy**

MAPS participates with many health insurance carriers. It is the patient's responsibility to choose a healthcare provider that participates with their insurance plan. If the patient chooses to have a healthcare provider treat them outside of their insurance network, they will be responsible for all charges denied or reduced by their insurance plan. A current insurance identification card is required at each visit. If a patient is unable to provide an identification card, they will be required to pay for their treatment AT THE TIME OF SERVICE. The patient is also responsible for informing MAPS if their insurance policy has changed. In the event that claims are denied for timely filing and a new insurance card was not provided by the patient, the patient will then be responsible for those charges. The patient is ultimately responsible for all charges incurred.

**Obstetric Patients**

Obstetric patients with no insurance coverage or maternity benefits will be required to set up a payment plan through the billing department. This payment plan arrangement must be finalized prior to the patient's initial OB visit.

**Services Provided to a Minor**

If the patient is a minor, the adult guardian accompanying the minor is responsible for the co-pay and/or any applicable payments incurred during the office visit.

**Collections**

In order for us to service your account or to collect any amounts you may owe, our organization's representatives and vendors, including our debt collection agency, may contact you by telephone at any telephone number associated with your account, including wireless telephone numbers which could result in charges to you. You also agree that you may be contacted by sending text messages or emails if information is provided to us.

**FINANCIAL POLICY ACKNOWLEDGMENT**

I have read and understand the MAPS Financial Policy above. I have read the above disclosure and agree that MAPS, its vendors, and its debt agency may contact me as describe above.

Your signature below indicates you have read and agree to the terms of this financial policy.

*Relationship to Patient*

*Self*

*Date*

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

*Printed Name*

*Date of Birth*

\_\_\_\_\_

\_\_\_\_\_