

Fall General Surgery, LLC

Financial Policy and Authorization to Bill and Release Medical Records

Welcome to Fall General Surgery. We have made it our mission to consistently provide outstanding patient care. Should you have any questions regarding any aspect of your financial status with our office, please feel free to contact our billing coordinator at (715) 685-0656. Your clear understanding of our **FINANCIAL POLICY** is important to our professional relationship.

- WE ARE HAPPY TO BILL YOUR INSURANCE DIRECTLY; HOWEVER, WE MUST HAVE A CURRENT COPY OF YOUR INSURANCE CARD.
- WE ASK FOR A COPY OF YOUR ID OR DRIVER'S LICENSE DUE TO THE MANY CASES OF IDENTITY THEFT.
- WE ACCEPT CASH, CHECK, VISA/MASTERCARD, DISCOVER, CARE CREDIT, AMERICAN EXPRESS AND HEALTH SAVINGS ACCTS.
- ALL PATIENTS MUST COMPLETE OUR "PATIENT INFORMATION FORM" AND OTHER RELATED FORMS.
- PLEASE NOTIFY US **IMMEDIATELY** OF ANY CHANGES IN YOUR INSURANCE COVERAGE.
- 5 BUSINESS DAYS NOTICE IS REQUIRED FOR COPIES OF MEDICAL RECORDS. THERE MAY BE A NOMINAL FEE FOR THIS SERVICE.

INSURANCE COVERAGE: All co-payments and estimated of out-of-pocket expenses are your responsibility. If you are unable to pay this estimate, we may ask you to reschedule your appointment. We are members of most, but not all plans. You are responsible for verifying that Fall General Surgery is an in-network provider for your plan. We encourage you to refer to your benefits manual if you have any questions about covered services. **Be aware that some and perhaps all of the services provided may be not covered by your insurance. You will be responsible for payment of all non-covered services.**

PATIENT PAYMENTS: It is the responsibility of the patient to pay his/her co-payment, deductible and any unpaid portion of the bill. You may use cash, check, credit/debit card, Care Credit or a health savings account to pay your balance. For those with a high deductible policy, our Patient Accounts Manager can discuss with you a good-faith estimate of your out-of-pocket expenses. Patients without insurance must pay in full prior to services being rendered. Patients should consult with our Patient Accounts Manager for payment options.

LATE OR NO PAYMENT ON ACCOUNT: Any patient that does not pay their agreed payment, or is late with their payment, will be assessed an 18% annual fee that will be added to the billing cycle from first date of service.

"NO SHOW" APPOINTMENTS: Any patient who calls our office after their missed appointment, or simply does not show up, will be considered a "no show". Three or more "no shows" will result in dismissal from the clinic.

RETURNED CHECKS: There is a \$35.00 fee for all returned checks.

AUTHORIZATION TO PAY AND RELEASE MEDICAL RECORDS: Our office will bill your insurance. If you do not have insurance, we require payment at the time of your visit. Our staff is available if you have any questions or concerns. Fall General Surgery LLC reserves the right to withhold overpayment refunds less than or equal to \$5.00.

I authorize payment of medical benefits be made directly to Fall General Surgery, LLC for services rendered. I authorize release of any information concerning my (or my dependent's) health care, advice and treatment provided for the purpose of evaluating and administering claims for insurance benefits. I authorize use of information from this form to bill my insurance companies.

I have read, understand, and agree to abide by the terms as of the Financial Policy and Authorization to Release Medical Records.

Patient's Signature: _____ Date: _____