

UNIVERSITY DIABETES AND ENDOCRINE CONSULTANTS FINANCIAL POLICY

PLEASE READ THOROUGHLY AND SIGN BELOW

Thank you for choosing University Diabetes & Endocrine Consultants for Endocrinology services. We are committed to providing you with quality health care. Please understand that payment of your bill is part of your care. To help avoid any misunderstandings, we have provided you with details of our financial policy.

INSURANCE: We participate in many insurance plans, including Medicare. If you have insurance that we are not participating with, payment is expected in full at the time of the visit. If we do accept your plan and you do not have your insurance card with you, payment in full is expected for each visit until we verify your coverage. Knowing your insurance benefit plan is the patient responsibility. It is your responsibility to make sure the correct in-network facility is used for all test and hospital encounters. Please contact your insurance company with any questions you may have regarding coverage.

You are required by your insurance company to complete a Coordination of Benefits (COB) form annually. This form is sent to you by your insurance company. Failure on your part to respond to your insurance company may result in your claim not being paid and your charges with us will be your responsibility.

COPAYMENTS AND DEDUCTIBLES: All co-payments and deductibles must be paid at the time of service. This arrangement is part of your contract with your insurance carrier. Failure to collect co-payments and deductibles from patients is considered fraud. Please help us uphold the law by paying your co-payment at each visit. If you are unable to pay your co-payment we have the right to reschedule your appointment until a time when you can pay your co-payment.

PAYMENT: We accept payment by cash, check, Visa, Master Card, Discover and American Express. All previous balances must be paid at the time of service. Insufficient checks or Returned checks will be charged \$25.00 fee plus the amount of the check. This must be paid with Cash or Credit/Debit only. You will be asked to pay by cash, money order, debit or credit card for all future visits.

MINOR PATIENTS: Patients under the age of 18 must have a parent or guardian with them at the time of service. The parent or guardian accompanying the minor will be responsible for the bill and any balances. We do not recognize domestic judgments including custody agreements.

NON-COVERED SERVICES: Please be aware that some and perhaps all of the services you receive may be non-covered or not considered reasonable or necessary by Medicare or your insurance company. These services are your responsibility. If the total cost of the visit is not able to be determined, you will be asked to make an estimated payment and we will bill or credit you the difference.

PROOF OF INSURANCE AND IDENTITY: In order to avoid any fraud and false identity, we will ask for picture ID and insurance card at every visit.

COVERAGE CHANGES: If your insurance changes please notify us prior to being seen. This allows us to make the appropriate changes to help you receive your maximum benefits with your health insurance carrier. If your insurance does not pay the claim in a timely manner, you will be responsible for the balance.

AUTO ACCIDENTS: We do not file claims with auto insurance to a third party insurance.

WORKMAN'S COMP: We do not bill for Worker's Comp claims.

STATEMENT AND EXPLANATION OF BENEFITS: Within approximately 30 days of your visit, you will receive your first statement from our office. You should also receive an Explanation of Benefits from your insurance company with a review of payment and/or adjustments for the claim. Our statement is a reflection of the amount you owe after your insurance has paid, discounted or applied to your deductible. If after 90 days from the date of service we have not received payment nor have any payment arrangements been made with our billing department, your account will be placed into our collection department and we will be unable to make any future appointments until your account is clear. We recognize the need to set up payment plans for patients experiencing financial difficulty paying their balance in one payment. It is the patient responsibility to contact our billing office and arrange the payment plan.

If the account remains unpaid and no satisfactory arrangements have been made, the account will be sent to our collections attorney. At that time, you will not be able to schedule an appointment until the account has been paid in full. All arrangements to pay on your account must be done through the collection attorney. Immediately upon the turnover of the account to our collection attorney, you will accrue attorney fees for which you will be responsible. Should litigation be required to collect your account, you will be responsible for court costs and other associated expenses.

We reserve the right to dismiss a patient for non-payment of their account.

By your signature below, you are consenting to the jurisdiction of Hamilton County, Tennessee for all collection actions including but not limited to any lawsuits filed to collect your account.

I HAVE READ AND UNDERSTAND UNIVERSITY DIABETES & ENDOCRINE CONSULTANTS FINANCIAL POLICY AND AGREE TO THE TERMS AND CONDITIONS IN THIS POLICY.