

North Clarksville Medical Center

351 Dover Road
Clarksville, Tennessee 37042
(Office): 931-552-4495
(Fax): 931-552-1944

FINANCIAL AND OFFICE POLICY / BASIC INSURANCE INFORMATION

There is no time limit on balance statements. Please pay when you receive your explanation of benefits. We have up to six years to collect on your balance from your last transaction. We feel that everyone benefits when there is a definite and clear understanding of our financial policy.

1. An Estimate of your total fee for treatment will be outlined in detail with you at the time of your visit.
2. Patients without insurance/balances after insurance has paid: for any visit under \$200.00 all patients are expected to pay in full. For visits over \$200.00 payment plans may be set up. There is a 10% interest for payment plans/balances not paid in full within 90 days upon receiving billing statement and/or signing payment plan. No interest is charged for bills paid within 90 days or less.
3. Patients with insurance: Our office will file your insurance if you provide us with the proper information. If you provide our office with incorrect insurance information, you will be expected to pay your bill in full as soon as you are notified your insurance was incorrect. We can re-file to a different insurance company. There is a \$35.00 re-file fee for each claim that is returned to our office due to incorrect insurance information provided by you. Patients with insurance will not be seen without current insurance cards on file. We will not retro back. We provide information for you to do so.
4. Secondary insurance: If you have Medicare primary, our office will file. As Medicare will automatically send your claim to any secondary insurance. We will file secondary insurance only if you provide our office the information at your first visit otherwise it will be your responsibility.
5. Broken appointments: There will be a broken appointment charge for any patients who cancel with less than 24 hours notice or who are not present at the appointment time. This charge is as follows:
 - a. First missed appointment - We will give you one non-charge warning, thereafter all missed appointments will be \$105.00
 - b. Surgical procedures 20% of the total fee of the surgical procedure.
6. It is your responsibility to monitor your benefits and annual maximum: This includes being knowledgeable regarding if our office is in network or out of network with your insurance company. We will be happy to assist you with any resubmissions, but we cannot make telephone calls to your insurance company on your behalf.
7. Co-pays: All co-pays are due prior to services being rendered. Please pay the front desk staff at the time of signing in.
8. Deductibles: You are expected to pay 50% towards your deductible at time of your appointment. In the event of your insurance making an overpayment, we will refund you as soon as our office receives and post the payment information. You will receive refunds within 90 - 120 days of our office posting the payment from the explanation of benefit. Posting may take up to 6 months after receiving the explanation of benefits. Any overpayment \$10.00 or less will be held in your account towards future claims. If you have outstanding claims any credit will be held in your account until payment and explanation of benefits has been received. If you are then due a refund you'll receive it within 90 days after our office has posted payment from the explanation of benefits.
9. If you're insurance does not respond within 90 days of our office filing your claim, you are responsible for the remaining balance. You will continue to receive statements until all insurances have paid and have been posted. If you know you do not owe or have made a payment that is not yet posted then just hold the statement until you receive one that has everything posted. It may take up to 90 - 120 days, but may take up to two years for all payments to be posted and statements to be sent. This is due to our small billing dept. We will gladly check on individual payments if this is put into writing. Please allow up to 30 days for this follow-up. Payment is due when you receive your explanation of benefit. State and federal law allow up to six (6) years for collecting the balance after your insurance has paid. If we bill you and you do not respond, the 6 year time period begins with the last billing date not necessarily the date of service. You are responsible for the balance within that 6 year time period regardless if you did or did not receive a billing statement. It is your responsibility to keep up with your balance.
10. Collections: Should it be necessary to send your bill to a collection agency you will be responsible for the entire collection fee and any legal fees related to the process of collection. This will be added to your total charges. We do not routinely send individuals to collections unless there is no other choice. Generally, it will take about 6 months after everything has posted. We will make every effort to work with you to avoid this process as it does not benefit either our clinic or you as the patient. Interest rate of 3% monthly will begin accruing after one unpaid billing cycle. You will be responsible for all collection and legal fees should it be necessary to send for collection and/or for legal action. We have a right to withhold nonurgent care and/or discharge for nonpayment on your account.
11. Bankruptcy: It is our policy that if you file bankruptcy, we will make you a self pay and you will need to pay up front. You will need to file your own insurance regardless of what insurance you may have. We will provide you all the necessary insurance information so that you may file. Per federal and state of Tennessee law we must stop any billing until the bankruptcy is finalized for only the balance prior to your filing bankruptcy. You are responsible for any balance after the date of filing. If your bankruptcy is denied then you will be billed for the previous pre-bankruptcy balance as per federal and state of Tennessee laws. It is your responsibility to make sure that we receive paperwork regarding any bankruptcy filing. Do not assume that the state has sent the necessary paperwork to our office. If once you file your insurance and they have reimbursed you and they state that you have made an overpayment to our office, we will refund what your insurance requires or apply it to your next office visit.

12. Check cashing/returned checks policy: We use a check service that will charge you a fee if your check has been returned. In addition to this fee we will charge you a \$30.00 fee for our office to process this check to the check service. We use Tele Check Service. They require that we obtain the following information:
- Driver's License number
 - Work and Home phone numbers
 - Date of Birth

Tele check will not allow our office to accept post dated checks. Your check will be electronically presented.

13. Copying medical records: We will provide medical records to any specialist our office refers you to. Due to the high cost of supplies and equipment that is used for copying medical records we find in necessary to charge for medical records for any other purpose. The rate is based on number of pages and current postal rates. Medical records request will take up to 10 business days to process. You will be notified of any difficulty locating your records. Federal and state law allow a modest fee for copying medical records \$20.00 for first 40 pages and \$0.25 cents for each page thereafter.
14. Waived charges: These are charges that most insurance will not cover or pay so little on that we cannot even cover our cost for the item. These are mostly supplies and medication charges but may include others such as routine visits. These are charges that you will be responsible for as we will not bill the insurance because we know up front that they will not pay or they will pay so little that we will not take the write off. You will be asked to sign a waiver at the time the services are provided.
15. Privacy policy: Please see our privacy form for more details. Complaints regarding privacy violations may be filed with the office administrator and/or office manager. Filing should be done in writing. Complaint forms are available at the front desk. If you feel that you have not received satisfaction from the administrator then you may file a complaint with the state office of Health and Human Services.
16. Security of information: Our office is secured with an alarm system. Medical files are in secured areas of the office. Computer information is guarded by a firewall. Limited web sites are allowed to be accessed by staff. Non-secure sites are not allowed to be accessed. Staff must sign a confidentiality statement and comply with HIPPA regulations.
17. Discharge: We reserve the right to discharge any individual for disruptive, vulgar behavior, misuse of controlled substances, and for nonpayment or violation of pain management contract without prior notice.
18. Video and audio equipment may be in use at front desk area, waiting areas, hallways, entry and exit areas. Video and audio surveillance will not be used in exam areas.
19. We cannot accept cash or money orders from patients receiving pain management. Per Tennessee State Regulations we can accept credit cards or checks for those services.
For your convenience we accept cash, personal checks, money orders, Visa, MasterCard, American Express and Discover for all other services.

Please note by signing the authorization of treatment and assignment of benefits on the authorization form you are also agreeing to abide by the above financial agreement. A copy of this agreement is found on back of all billing statements and authorization forms.

Signature: _____ Date: _____