



## The South Bend Clinic Patient **Financial Policy**

Thank you for choosing The South Bend Clinic as your health care provider. We are committed to providing you with quality and affordable health care. We recognize that health care can be expensive and health insurance confusing. We have prepared the following Financial Policy to address key questions and minimize misunderstandings.

### **If you have health insurance:**

We find that our patient's insurance can change frequently; therefore while it may seem an inconvenience, we will ask to see your insurance card at every visit so that you get maximum value of your benefits and any errors in processing your benefits and insurance claims are minimized. If you are unable to present evidence of insurance, you may be held personally financially responsible for payment of all services provided.

- Copayments are due at the time of service. We cannot waive your copayment obligations.
- You may be advised of any outstanding patient-due balance at the time of your visit. For your convenience, payments on your account can be made at any Clinic location or on our Clinic website at [www.southbendclinic.com](http://www.southbendclinic.com).
- We deal with literally thousands of different health insurers and benefit plans and while we try, we cannot be responsible to know your benefits. Your health insurance contract is between you or your employer and your insurance company. It is your responsibility to know your insurance benefits, identify any prior authorization requirements, and laboratory or hospital preferences.
- We will submit claims to your insurance carrier. You will be balance billed for any patient-due amount after insurance processes your claim. If payment is not received from the payer within 45 days you may be billed until your insurance carrier processes your claim for payment after which we will refund you.
- Many preventive services or wellness visits may be covered in full by your insurance; if however during such a visit your provider learns of a new or worsened patient condition, or if a pre-existing problem requires additional work-up or assessment, these are beyond the scope of the original visit and we may report and bill for both the preventive medicine service plus a problem-oriented visit.
- Health care providers use industry recognized "codes" to define the service they've provided to you such as a visit, an exam, or a procedure and we document those services in your medical record. Insurance claims are coded based on those services and your diagnoses. We cannot change coding to change the outcome of an insurer's benefit coverage or payment.

### **If you do not have health care insurance:**

- A payment of \$100.00 is requested at check-in for your self-pay services. A discount does not apply if your claim is filed to insurance.
- We offer a 20% discount for self-pay patients when paid at the time of service. (Excludes: cosmetic services, eyeglasses, hearing aids, immunizations, supplies and pharmacy).
- You will be asked to sign a self-pay waiver stating you do not have any active insurance.

### **Cell Phone**

- By providing a cell phone number you are providing consent to be contacted at that number by all practices of The South Bend Clinic, its collection agencies or anyone calling on the provider's behalf.

**Account Balances**

- For those with insurance, the Patient Guarantor (the person in whose name the policy is written) shall be responsible for payment of all services provided within 15 days of the statement date. This same payment timeframe applies to those without insurance as well.
- We realize not everyone can pay their balance at once or when due. We will gladly work with you on a Payment Plan which can be arranged through the Business Office utilizing the preferred schedule below.
- Unpaid balances or delinquent payment plans may be placed with a collection agency if approved by your provider of care. If this happens, you will be dismissed from receiving any further service from The South Bend Clinic though payment of a \$50 Reinstatement Fee and collection costs, as well as resolving past due amounts can absolve your dismissal from Clinic services.
- In the event of nonpayment with the agency the patient and/or guarantor shall be responsible either jointly and/or singly for all unpaid, past due amounts as well as costs associated with collection efforts, including court cost and reasonable attorneys’ fees.

**Missed Appointments** – Please give us the courtesy of 24 hours’ notice should you know you need to cancel or miss your appointment. Without such notice, a fee of \$25 or \$50 may be charged, depending on the time set aside for your appointment.

**Forms Completion** - Sometimes all you may need is a Form to be completed such as a disability form, FMLA papers, etc. Unfortunately this takes provider and staff resources; therefore we will assess a nominal fee of \$15 - \$45 depending on the length of the form. This fee is due at the time the form is picked up.

**Preferred Payment Plan Schedule**

<u>Outstanding Charges</u>	<u>Plan Length</u>
\$0.00 to \$150.00	Payment in full is expected within 30 days from the date service
\$151.00 to \$400.00	Payment in 3 monthly payments within 3 months from the date of service
\$401.00 to \$900.00	Payment in 6 monthly payments within 6 months from the date of service
\$901.00 to \$1,800.00	Payment in 12 monthly payments within 12 months from date of service
\$1,801.00 +	Payment in 12 months

My signature below means I have read and been informed of The South Bend Clinic’s Patient Financial Policy. I am aware that I may ask for a copy of this policy. I am aware that I may ask for a copy of this policy in other printed languages.

\_\_\_\_\_  
Print Patient Legal Name

\_\_\_\_\_  
Medical Record #

\_\_\_\_\_  
Print Guarantor Legal Name (if different from patient)

\_\_\_\_\_  
Patient Date of Birth (mm/dd/YYYY)

\_\_\_\_\_  
Patient Signature or Guarantor if under age 18

\_\_\_\_\_  
Date

The South Bend Clinic, LLP and SurgiCenter complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, or sex.