consensushealth™

Payment Policy

Insurance: We participate with most major insurance plans, including Medicare. Knowing what benefits your insurance plan provides for you is your responsibility. Please contact your insurance company with any questions.

IF WE PARTICIPATE WITH YOUR INSURANCE CARRIER, all services provided in our office (unless otherwise indicated) will be submitted to your insurance. All co-payments are due at time of service. Deductibles and coinsurance are your responsibility, and will be billed to you by our office. All insurance carriers have a fee schedule from which they will reimburse. The doctor's fees may be higher than what the insurance carrier reimburses, or it may not be a covered service. Therefore, any balances not covered by insurance become the responsibility of the patient.

IF WE DO NOT PARTICIPATE WITH YOUR INSURANCE CARRIER OR IF YOU DO NOT HAVE HEALTH INSURANCE, payment in full is expected from you at the time of your visit.

Proof of Insurance: All patients must complete our patient registration form before seeing the doctor. Photo identification and a current valid insurance card are required at every visit to provide proof of insurance. It is your responsibility to verify that the office staff has the most current and correct information regarding your health insurance policy. Failure to provide current information may result in non-coverage for services provided, and the resulting charges will be your responsibility.

Co-payments and Deductibles: In accordance with your insurance plan and services provided, you are responsible for any and all co-payments, deductibles, and coinsurances at the time of service.

Referrals: In accordance with your insurance carrier, it is your responsibility to know if a written referral is required to see a specialist, or for a certain procedure. When a referral is not presented at the time of service to the provider, the patient may be responsible for payment in full at the time of service.

Claims Submission: Submission of claims is a courtesy extended to our patients. If your insurance company does not pay your claim within 45 days, the balance will automatically be billed to you. Your insurance coverage is a contract between you and your insurance carrier. We are not party to that contract.

Non-covered Services: Certain office procedures or services may not be covered, or may be considered "not medically necessary", "experimental", "cosmetic" or simply "non-covered" by your insurance carrier. You are responsible for payment of these services. In the event your care exceeds a plan limitation, the balance becomes your responsibility.

Non-payment of patient balances: Should your account become delinquent, the patient or guarantor agrees to pay all costs associated with collecting the balance due. This includes, but is not limited to, attorney, collection, and contingent fees.

Non-sufficient funds (NSF)/ Returned Checks: A fee of $35.00 will be charged for all returned checks.

Missed Appointments: Failure to cancel your appointment without 24 hours notice from your scheduled visit may result in a fee of $50.00. For failure to cancel surgical procedures without 24 hours notice, a $500.00 no show fee may be charged.

I have read and understand the terms of this document. I have had an opportunity to ask questions about the use or disclosure of my health information and about the contents of this form. I acknowledge, consent and agree to the terms and conditions of this document:

Patient Name: _____ Date: _____

Patient Signature: _____

Authorized Individual (Parent/Guardian) Name: _____

Authorized Individual Signature: _____

Basis of Authority (e.g., parent, guardian): _____