**BILLING AND PAYMENT POLICY**

**FOR INSURANCE REIMBURSEMENT**

1. We do not accept liens.
2. We will bill your primary insurance carrier.
3. Private insurance payments:
* Deductibles: We will collect a down payment toward any deductible that has not been met.
* Copayments or coinsurance:

We collect co-payments at the time of service.

We will collect a down payments toward your co-insurance amount at the time of service.

1. Auto Insurance payments:
* We will collect an estimate of the full charged amount of the visit on the date of service (DOS). Any residual amount owed for that DOS will be billed to you. We will bill your auto insurance and they will reimburse you directly.
1. Any residual balance will be billed to you. You will receive a statement from us if you have a balance due on your account.
2. Explanation of Benefits (EOB). Your insurance company will send you an explanation of benefits. The EOB will explain our charges, the contracted insurance discount (if any), what the insurance paid and what portion is your responsibility to pay.
* In-Network insurance:

Please read the explanation of benefits that you receive from your insurance and note the “patient’s responsibility” amount. This will coincide with the amount that you owe after the insurance discount is taken and the insurance has paid its portion.

* Out-of-Network:

Being Out-of-Network with your insurance means that we do not have a contract with your insurance and therefore do not accept their discount on our charges.

We do apply a generous 25% discount to our charges for our Out-of-Network patients.

1. It is your responsibility to notify our front office of any changes regarding your insurance coverage. You will need to complete a new registration form before we can bill a different insurance.
2. Equipment charges must be paid for directly by the patient as these charges will not be reimbursed by insurance. Equipment payments will not show up on billing statements as they are part of a separate account.

 **\_\_\_\_\_\_\_\_\_\_\_ Initial**