



## Treasure Valley Rheumatology's Financial Policy

Thank you for choosing Treasure Valley Rheumatology (TVR) to meet your health needs. We are committed to providing the best care possible and appreciate your trust. Please understand that payment of your bill is considered part of your treatment. The following document is our Financial Policy. Please read it carefully; we will require that you agree to and sign this Policy prior to receiving treatment.

### I. Responsible Party

TVR will submit claims to your health insurance for the services provided. However, any charges accrued on the account are your responsibility. You will be expected to follow up on any unpaid or incorrectly paid charges, regardless of insurance coverage. We will be happy to assist you in any way we can, but you are ultimately responsible for timely payment on your account.

### II. Billable Services

A. TVR will charge for provider services, as well as supplies used for the care provided.

B. TVR will charge for all scheduled appointments including after hour appointments.

C. Occasionally, a patient will be scheduled for one type of service but there is a possibility the provider may diagnose and treat another problem in addition to the scheduled service. When appropriate TVR will charge for the additional service. Some insurance companies will not cover both services, which may result in a denial or higher co-pay.

D. TVR reserves the right to charge for extensive phone calls, reporting, consultation, coordination of care with other providers and/or other services provided on your behalf. Your insurance may not cover these services.

E. TVR reserves the right to charge for missed appointments when said appointment has been confirmed, including same day appointments. These charges will not be billed to your insurance company but will be your responsibility.

F. TVR reserves the right to charge for a **late cancellation**. You will be charged in the amount of \$50.00 for cancelling an appointment less than 24 hours ahead of time (except for legitimate emergencies). **Missed appointments** (No Shows) will result in a \$50.00 fee This is not covered by insurance and must be paid out of pocket.

G. If your bill is over 90 days old, we will impose a finance charge of \$15.00. We will continue to impose a \$15.00 monthly fee until your account is paid in full. These fees will help offset the excessive monthly costs involved in continuing to send overdue bills. If you are on a payment plan, and meet your monthly payment obligation, a finance charge will not be assessed. Collection fees if after 120 days a balance remains unpaid, we will send the account to our collection attorneys. We will impose a collection fee of one third of the outstanding bill to cover the fee charged to us by the collection agency.

H. A \$30.00 charge will be added to your account for any check returned by your bank.

### **III. Portion Due at Time of Service**

- A. If you have insurance coverage, all co-pays, co-insurance, and deductibles are due at the time of service.
- B. Payment in full is due from self-pay patients at the time of service. A 20% adjustment will be given when charges are paid in full on the date of service.
- C. Your insurance (if any) will receive a claim for the full amount of the service(s) and you will be reimbursed for any overpayments once your insurance has responded.

### **IV. Method of Payment**

TVR accepts the following types of payments;

- A. Visa, Mastercard, Discover, and debit card.
- B. Check (including cashier's check and money orders. (No third-party checks))

### **V. Insurance coverage**

- A. It is your responsibility to provide accurate insurance information to TVR at the time of service. It is the patient's responsibility to provide our office with a copy of your current insurance card, and to inform us of any changes in insurance. Failure to notify us immediately of changes in demographic information, financial status and/or insurance coverage may result in you being responsible for any services not covered by your insurance carrier. Although we file claims for insurance plans on your behalf, you are ultimately responsible for payment of your bill. It is your responsibility to verify that the physician is currently under contract with your insurance plan and that you have obtained the necessary referrals BEFORE your scheduled appointment. Failure to confirm this may result in your responsibility for any and all charges. Co-pays, Co-insurance, Deductibles and Non-Covered Services and Co-pays are payable at the time of service.
- B. TVR will create and submit claims to your health insurance on your behalf. However, we reserve the right to refuse insurance and collect payment in full. (i.e., Medicaid, health share plans or insurance information provided after claim filing deadlines, etc).
- C. TVR will not submit claims directly to an auto insurance carrier. We will provide you with the claim form, and you will be responsible to submit the claim to the appropriate no-fault carrier.
- D. It is your responsibility to verify that the doctor you have chosen is a participating provider under your insurance plan, prior to receiving services.
- E. It is your responsibility to verify benefits under your plan. You will be responsible for any non-covered services and services considered to be over "usual, reasonable, and customary (URC)". You will also be responsible for amounts paid by your insurance for any reason, unless the amounts are covered under TVR's contractual agreement with insurance.
- F. TVR must, under federal law, accurately report the services provided to you. Your insurance company may not pay for all services received. TVR cannot change the service or diagnosis codes (unless they were initially reported incorrectly) in order to make a service "fit" your insurance plan benefits. We must report the exact services provided and the exact reasoning for providing them.
- G. Your signature on this policy authorizes TVR to release health information to insurance carriers when necessary for payment and directs them to remit payment directly to TVR (Assignment of Benefits).

## **VI. Statements**

A. Statements (bills) will be sent on a monthly basis when our system shows a patient (private) balance owing. The statement will list all activity on claim(s) in questions (insurance payments, insurance adjustments, patient payments, etc.) and will show the remaining balance owing, per date of service.

B. If you have a question or concern, or if you see a discrepancy on your statement, it is your responsibility to contact our billing department. If we do not hear from you, we will assume the information in our system is correct and proceed accordingly.

C. It is your responsibility to provide TVR with your correct address and phone number. If a statement is returned for an invalid address, your account may be turned over to an outside collection agency.

## **VII. Payment Plan Options**

A. When appropriate and at TVR's discretion, TVR will offer monthly payment plans to help manage your health care costs.

B. Payment plan duration will be no longer than 6 months unless special arrangements are made, again at TVR's discretion.

C. Payments are due on or before the agreed upon date. If payments are late or missed your account may be turned over to an outside collection agency without further notice.

D. Payment plans are intended to help bring past-due amounts current. All co-pays and deductibles are required at the time of service and will not be added to a payment plan.

E. Failure to follow any or all payment plan requirements will render the agreement null and void.

## **VIII. Credits**

A. Any insurance credits or over-adjustments will be returned to the appropriate insurance company.

B. Any patient credits or over-payments will be first used to pay past-due balances, including those which may have been referred to an outside collection agency.

C. If patient balances have been resolved, patient credits will be returned to you (or the person/organization who paid). Please allow 2-3 weeks for processing. Smaller credits (generally under \$20.00) may be left on the account to be used for future co-pays and/or deductibles.

## **IX. Collections**

Your account may go to collections for the following reasons that include but are not limited to;

A. Invalid patient demographic information (address, phone, etc.) which prevents us from contacting you regarding your account.

B. Failure to provide timely, accurate insurance information.

C. Failure to pay patient balances.

D. Failure to follow through with payment plan agreements.

E. Failure to follow through with statement discrepancies, insurance denials, or any other items on your account.

F. Failure to follow through with other correspondences from TVR.

G. TVR makes every effort to work with you to keep your account out of collections. However, in the event that your account is referred to a third-party debt-collection agency, you will be responsible for the balance of the account, in addition to a 20% collection fee and any other amounts allowed by law (interest, court costs, attorney fees, etc.) as allowed by Idaho Statute 28-22-104 Legal Rate of Interest.

**X. Returned Checks**

Checks returned unpaid by your bank, regardless of the reason, will be posted back to your account in the original amount of the check, in addition to a \$30 return check fee. You may also be responsible for interest, costs of collection, court costs, and reasonable attorney fees as allowed by law.

**XI. Dismissal from Practice**

A. TVR reserves the right to dismiss patients from our practice for non-payment. If you have established a history of non-payment on your account, you may be eligible for dismissal.

B. Prior to dismissal, TVR will issue a certified letter informing you of our intent to dismiss unless payment is made in full on your account. Payment in full includes your current account balance, in addition to any amounts that have been referred to an outside collection agency.

C. If payment is not made within the specified amount of time, a certified dismissal letter will be issued. TVR will provide EMERGENCY CARE ONLY for thirty (30) days after the date of the letter to allow you time to find another provider. You will not be eligible to see any other providers at TVR after the 30-day notice has expired.

**XII. Questions or Concerns**

If you have any questions regarding your account or need clarification on any of the items in this listed financial policy, please contact our office at 208-514-2925.

Thank you for trusting Treasure Valley Rheumatology. We are dedicated to making your experience a positive one. Please do not hesitate to contact us with any questions regarding your account, payment options, or financial responsibilities.

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**Patient Name**

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**Date**

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**Patient Signature**