

Financial Policy

Physician Practices of Ransom Memorial Hospital

Our practice strives to offer quality care. We appreciate the opportunity to be your health care provider. An important aspect of our professional relationship is to help you understand the financial policies of our office. This includes understanding your obligations for payment.

Insurance

RMH physician practices contract with many insurance plans, however, if you have questions regarding our contracting status with your health insurance provider, it is always best for you to contact your insurance plan directly to confirm current participation status. If we participate with your plan and you bring your current insurance card or information to the visit, we will file a claim for medical services reimbursement with your insurance company. Even if we do not contract with your insurance plan, often times we will still file the insurance claim, on your behalf, as a courtesy to you. However, our professional service relationship is with you (and/or the person covered under your plan), our patient, and not with the insurance company. We are not a party to your contract with your insurance company, so the charges for our services are your responsibility from the date rendered.

In filing any insurance claim, we cannot guarantee payment by your insurance company, nor can we negotiate the claim(s) for you. It is important that you understand the provisions and coverages of your policy prior to receiving services. While we can provide information about the medical services ordered and/or rendered, we have no control over the determinations insurance companies make under their perception of "medical necessity" or their schedule of non-covered services. Likewise, co-payments and co-insurance portions are set by your insurance plan. Your responsibility is not determined by how the claim is submitted but rather by what and how your plan covers ordered and/or rendered services. If you believe their payment to be wrong, please contact your insurance plan directly for explanation of their processing of your claim.

It is your responsibility to notify us of changes in your health insurance. Please plan to provide us your most current insurance ID card with each visit. As most insurance plans require charges to be submitted within a specified timeframe, it is very important that claims be filed accurately the first time. If you fail to update your insurance information and charges are denied by your plan due to

untimely submission or erroneous information, you will be responsible for all of the denied charges.

Copay/Deductibles

Insurance copays and predetermined deductible portions are due at the time of your visit. For your convenience we accept cash, check and credit/debit cards. There is a \$30 fee on checks returned from the bank due to insufficient funds.

Types of situations in which we may ask for payment at the time of service include:

1. If you fail to bring your current insurance information & we cannot verify your coverage.
2. You do not have health insurance
3. If our practice is out-of-network for your insurance plan.

Private Pay – No Insurance

> When seeing a primary care provider, a standard-charge of \$95 for a new patient & \$70 for established visit will be required at time of service. Express Care visits are \$70; these fees are for the medical evaluation only and DO NOT include any additional services that may be provided such as labs, xrays, injections, etc.

> When being seen in a specialty clinic such as, Orthopedic, Neurology, Urology or Surgery, Pulmonology, an initial consultation fee of \$140 is required at the time of service. Follow up visits are then billed at \$70 per visit. Again, these fees cover only the medical evaluation, additional services would be billed as needed.

> A discount is available for most services provided beyond the scope of the office visit (medical evaluation), such as in-office procedures, in-office labs or radiology (where available), injections, etc. If paying at time of service or in advance of a procedure you will receive up to a 40% discount. After that a sliding Prompt Pay discount is offered based on when you pay your balance. 30% discount if paid within 30 days of first statement or 20% if paid within 30 days of second statement. Accounts at 61 days and older are ineligible for discount.

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Services Related to an Accident or Work Injury

If your services are related to an accident please notify us immediately. Services related to an auto accident must be billed to the automobile's owner before billing your health insurance. Your employer must authorize services that may be covered under worker's compensation. Please plan to provide us the employer's name, address and phone number along with accident details.

Payment Methods & Returned Checks

We accept payment by cash, check and credit/debit card. Patients also have the option of paying electronically via our patient portal at www.ransom.org. There will be a \$30.00 surcharge for all checks returned from the bank due to insufficient funds.

Outstanding Balances

You will receive monthly statements on any outstanding balance(s) not paid by your insurance. Our staff is happy to assist you in establishing payment plans.

If you are unable to pay your account balance within a reasonable time, or make arrangements with our office for a reasonable payment plan, your account may be turned over to a collection agency, possibly including credit bureau reporting. Collection fees, interest, court costs, and other customary collection costs may be added to the balance due.

Credit Balances and Refunds

Occasionally, payments are received from you or your insurance company that result in a credit balance on your account. Our billing staff will research credit balances to determine if amounts are owed back to the insurance company or to you. For patient credit balances, monies will be applied to any outstanding balance deemed patient responsibility in any of our clinics and/or the hospital prior to any credit being issued as a check and mailed to you at the address on file.

Referrals

Some insurance plans, including HMOs and PPOs, require referral authorization from your Primary Care Physician before the visit to us. Please check with your managed care company to determine whether you or the covered person, need a referral before making the appointment. Should you not have a referral, for your appointment to see us as required by your insurance company, you will either have to reschedule the appointment in order to obtain the referral, or you will be responsible that day for our charges for the visit.

How to Contact Our Billing Office

The Physician Practice Billing Office is open Monday – Friday; 8 AM – 4:30 PM. Our phone numbers are:

- (785) 229-3387
- (785) 229-3336
- (785) 248-2913
- (785) 229-8311

Please feel free to contact us for any questions. The Business Office is located at 901 Main, Ottawa, KS 66067. Our mailing address is PO Box 460; Ottawa, KS 66067-0460

Physician Practices of Ransom Memorial Hospital

- *Ottawa*
- *Wellsville*
- *Baldwin*

*****NO SIGNATURE REQUIRED ON THIS STATEMENT. THIS STATEMENT IS FOR PATIENT TO KEEP, ACKNOWLEDGEMENT SIGNATURE & DATE IS ON PAGE 2 OF PATIENT REGISTRATION FORM****