



## SC Internal Medicine Associates and Rehabilitation, LLC

# Financial Policy

*Thank you for choosing South Carolina Internal Medicine Associates and Rehabilitation, LLC (SCIM) for your medical needs. Our staff is committed to providing you with the best care possible. Your clear understanding of the Financial Policy, which is an agreement between the practice and the patient or guarantor, is important to our professional relationship. We require a signature to document that you have read and understand this policy.*

**INSURANCE/PAYMENT:** Insurance plans vary considerably and we cannot predict or guarantee what part of our services will or will not be covered. On arrival, please sign in at the front desk and **present your current insurance card and photo identification as well as any other forms that may assist us in processing your claims correctly at every visit.** It is the responsibility of the patient to provide *accurate* and *timely* insurance information. Inaccurate or untimely information given to the staff that results in denial or non-coverage by your insurance company results in the guarantor being responsible for payment. If the patient is not the policy holder on the insurance, we require the policy holder's full name, date of birth, social security number and relationship to the patient to file all claims. If your plan requires, you must name SCIM as your primary care physician prior to your first appointment. If an SCIM physician is not named on your insurance as your primary care physician, your appointment will need to be rescheduled. According to your contractual agreement with your insurance plan, **you are responsible for your co-payment, coinsurance, and/or deductible at the time of service.** It is important for you to be an informed consumer who understands the specifications of your insurance policy regarding doctor visit coverage, referral/authorization requirements for specialty care, imaging studies, laboratory tests, emergency hospital care, etc. You should refer to information from your insurance company or call them if you have questions about your coverage.

**BILLING:** We accept cash, checks, MasterCard, Visa, American Express, and Discover. **Outstanding balances are due within 30 days unless prior arrangements have been made with the billing department.** For balances over 60 days, you will receive a final request for payment letter. Balances not paid in full within 10 days of the date on the final request letter will be forwarded to a collection agency. **You will be responsible for any costs incurred if your account is turned over to a collection agency,** which will include collection agency fees equaling **25%** of the outstanding balance, and in addition, court costs and attorney fees. **We reserve the right to refuse service due to unpaid balances.**

The guarantor is responsible for full payment at the time of service. We realize that temporary financial problems may affect timely payment on your account. If such problems arise, we encourage you to contact our billing department promptly for payment arrangements and assistance in the management of your account.

Should your account balance become uncollectible due to bankruptcy, we will continue to see you on an emergency basis only for the next 30 days, giving you time to find a new source of medical care.

Please call if you have a question about your bill. Most problems can be settled quickly and easily and your call will prevent any misunderstandings.

**Payment Policy on Outstanding Balances:** SCIM offers alternative arrangements to assist you if you are not able to meet your financial obligation on outstanding balances. We offer a financial agreement that allows you to pay your past due balance over twelve (12) months. A signed agreement in addition to a 20% down payment is required on all outstanding balances. Credit/Debit card monthly draft are the preferred method of payment. In the event you are not able to set up a monthly draft, we will offer a

check agreement as long as the payments are made on time. If your agreement is unfulfilled we will be unable to schedule appointments.

**IF WE PARTICIPATE WITH YOUR INSURANCE COMPANY:** All services performed in our office will be submitted as a courtesy to your insurance. **All co-payments, deductibles, and coinsurance are due at the time of service.** All insurance carriers have a fee schedule from which they will reimburse. Not all services provided by this office are covered benefits in all contracts. Therefore, any balance not covered by insurance becomes the responsibility of the patient.

**IF WE DO NOT PARTICIPATE WITH YOUR INSURANCE COMPANY:** We are not able to bill your insurance and we cannot accept payment from them for the services performed. We will provide you with a bill so that you may submit the charges to your insurance company for reimbursement. **Payment for service is due in full at the time of service.**

**IF YOU DO NOT HAVE INSURANCE:** If you are not covered by insurance at the time of service, please be advised that **you will be responsible for all charges incurred at the time of service.**

**NON-EMERGENCY APPOINTMENTS:** We will reschedule non-emergency appointments if there is an overdue balance on your account with no financial agreement in place or if payment is not made at the time of service.

**MISSED APPOINTMENTS/LATE CANCELLATIONS:** Missed appointments represent a cost to us, to you, and to other patients who could have been seen in the time set aside for you. For cancellations, a 24 hour notice prior to the appointment is requested. However, we understand emergencies arise, so please call us if you must miss an appointment. **We reserve the right to charge a \$25.00 fee for missed appointments without proper notification (\$150.00 for missed physicals and \$50.00 for new CMWL patient consults).**

**RETURNED CHECKS:** A **\$35.00 fee** will be charged for all returned checks. If you write a check that is returned, your account will be placed on a cash only basis, meaning we will only accept cash or credit card payments.

**AFTER-HOURS PHONE TRIAGE SERVICES:** SCIM provides nursing triage phone services ("on-call coverage") after regular business hours. Effective November 1, 2012, we will charge **\$25.00** if you choose to utilize our after-hours phone triage services. Please note that many insurance companies provide free nursing advice so you may want to call your insurance company first. If you use our services, we will expect you to pay for them and reserve the right to charge accordingly.

**AFFIDAVITS/LEGAL MATTERS:** Each Provider charges a fee for affidavits, letters, or forms that we prepare for legal or employment matters. Those fees are not billable to your insurance company or employer and are due at the time of service.

**ANTI-VIDEO & AUDIO RECORDING POLICY:** Video and audio recording is strictly prohibited in the office for all patient, family and physician interactions.

**FORMS:** We require at least 48 hours to complete all forms. An appointment may be required depending on the nature of the form and information requested.

**MEDICAL RECORDS:** If you request a copy of your medical records, you will be required to sign a medical record release form and pay a medical record fee prior to having your records copied (fee details stated on release form). Please allow up to 14 days for this request to be processed.

**REFERRALS:** If your insurance plan requires a written referral for you to see a specialist, for procedures, or laboratory tests, you must allow no less than 3 business days to complete the appropriate form(s) prior to obtaining services. You may have to reschedule your appointment if enough notice is not given to prepare your referral. Emergency referrals will be completed on the same day. Retroactive referrals cannot be written and will not be honored. In general, we will not agree to a referral for a problem we have not been consulted about first.

**REFUNDS:** If you have a credit on your account, we will gladly refund the amount within thirty (30) days of your request (and if cleared by the Billing Department). You must provide a correct mailing address for your refund to be sent.

**DISMISSAL PROCESS:** There are several reasons that a patient may be dismissed from our practice. A few reasons are as follows:

- Failure to keep scheduled appointments
- Being verbally or physically abusive to staff
- Abuse of prescription drugs and/or failure to adhere to SCIM's narcotic policy
- Failure to meet financial obligations

A certified letter will be sent to your last known address notifying you that you are being dismissed from our practice. If you have a medical emergency within thirty (30) days of the date of the letter, one of our providers will be available for advice. After the thirty (30) days, you will no longer be seen at our practice by any provider. A copy of your medical record may be forwarded to your new doctor after a formal request is made and applicable fees (if any) are paid.

**You may review this Financial Policy at [www.scinternalmedicine.com](http://www.scinternalmedicine.com).**

**PLEASE DO NOT SIGN THIS FORM UNLESS YOU HAVE READ IT.**

**Patient Acknowledgement:** I, \_\_\_\_\_ (print name), have read, understand, and agree to the SC Internal Medicine Financial Policy. I agree to pay at the time of service. I also understand that South Carolina Internal Medicine Associates and Rehabilitation, LLC reserves the right to dismiss patients that fail to keep their accounts current after reasonable attempts to collect payments have been made. I further agree to pay all reasonable costs and late fees should my account be turned over to collections. I also understand the terms of this Financial Policy may be amended by the practice without prior notification to the patient or guarantor.

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Patient's or Responsible Party's Signature

Date

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Witness Signature

Date