# Insurance & Financial Policies

## INSURANCE

If you have insurance, we will do our best to help you receive your maximum benefits. Insurance is a contract between you and your insurance company. We are not a party to this contract. We will file insurance claims with insurance carrier(s) if you provide us with all of the necessary information. Our office will not become involved in disputes between you and your insurance company regarding deductibles, co-payments, covered v. non-covered charges, secondary insurance, "usual and customary" charges, procedures they consider experimental, etc., other than supply factual information as necessary. You are responsible for the items listed above as well as any services considered "not medically necessary" by your insurance company.

### In-Network vs. Out-of-Network

Rejuv Medical is **IN-network** with MOST of the following carriers: BCBS, Health Partners, Preferred One, Tricare, Medicare, Ucare, Medicaid, Medica & Humana Medicare and others.

Rejuv Medical is **OUT-of-network** with PrimeWest and United Health Care.

### Out of Network Insurance

Although Rejuv Medical is not a participating provider with your insurance plan, please be assured that you will not incur any additional costs or penalties from using our facilities beyond your In-Network clinics as long as your financial position would be hindered by additional costs. Though we do not know how much of the billed charge your health plan will pay. We will only charge you for any remaining deductible to the extent your health plan will give you the credit for satisfying your In-network deductible requirement, the additional amount we charge is calculated such that it will not exceed what you would pay as the copayment or coinsurance pursuant to your In-network benefit. We must have a copy of a recent pay stub or W-2 and a signed note stating that the financial difference would prevent you from being able to use our services. We look forward to assisting you in this process to determine if you qualify by calling the billing office and supplying appropriate information.

It is the policy of Rejuv Medical to ensure that none of our patients pay more than they would have had they gone to an In-network facility so long as there is financial hardship if you were to have to pay a higher than In-network deductible. Someone from our staff will be calling you to discuss payments once the insurance has processed the visit and procedure. Please understand that co-pays will be billed separately.

It is possible that your insurance payment for your visit to Rejuv Medical will be sent directly to you. We ask that you please endorse the check over to Rejuv Medical, and mail it, along with your Explanation of Benefits. By sending such payment you receive directly to the center you avoid the possibility of additional costs for using our facility. Compliance with this request will allow us to process the payment to your account quickly and efficiently, and to make any unnecessary adjustment.

If you have any questions or concerns, please do not hesitate to contact our billing office at 320-217-8480 ext. 2 between the hours of 8:00 a.m. - 5:00 p.m. Monday through Friday.

### Covered vs. Paid

Covered: This means that there is coverage for this service/procedure; however, this is subject to copay, co-insurance, and/or deductible. This means you may be financially liable and have out of pocket expenses.

Paid: The carrier pays all expenses and you have no out of pocket expense.

*Note: Very few carriers pay at 100%. Please contact your carrier for clarification of your copay, co-insurance, and/or deductible.

**Referrals / Pre-authorizations**

If your insurance requires a referral and/or pre-authorization for services, you are responsible for obtaining it. Failure to obtain a referral or pre-authorization may result in a lower or no payment from your insurance company. Know your insurance benefits. **You are financially responsible for any unpaid balances on your account**.

**Worker's Compensation (WC)**

We require written approval or authorization by your worker's compensation carrier prior to your initial visit. All necessary information must be provided to file your claim. Our office will not become involved in disputes arising from Worker's Compensation claims. **If your WC carrier denies your claim, we will bill your personal health insurance carrier(s) as outlined above**. If you have no health insurance coverage, you are responsible for payment in full. All bills will be sent directly to you and it is your responsibility to forward the bills to your attorney if you wish.

**Personal Injury**

If you are being treated as part of a personal injury lawsuit or claim, we require that you allow us to bill your health insurance carrier pending settlement of your case. In the absence of personal health insurance, other financial arrangements may be made. Payment of your bill remains your responsibility. We cannot bill your attorney for charges incurred due to a personal injury case. If you do involve an attorney you will be required to obtain a Letter of Protection before any other services are rendered.

**Responsible Parties of Minors**

The parent or legal guardian who signs the "Financially Responsible Party" is responsible for payment of services rendered.

**Transferring of Records**

If you want copies of your records transferred to another doctor, you must make the request in writing. We reserve the right to charge reasonable copying fees.

**Payments and Financial Details**

Payments Due at Time of Service: As a result of the contracts we have with our in-network carriers, we are required to collect copays and part of the deductible at the time of service. We cannot habitually bill you for your copays they are designated to be collected at time of service.

**Statements**

Insurance payments on your account are generally received within 14-30 business days after your clinic visit. Once we receive payment from your insurance, a statement will be sent to you if there is a remaining unpaid balance on your account. Your unpaid balance is due upon receipt of your statement, unless other arrangements have been approved by us. Payments may be made by cash, check or credit/debit card. We do except Care Credit. Statements will be sent to the address listed on your registration form. Please notify our office if you want your statements to go to an alternate address.

**Returned Check Fee**

There is a $25.00 fee for returned checks.

**Collections**

If your account becomes past due, we will take necessary steps to collect your debt. You will be responsible for all fees associated with debt collection attempts, including but not limited to collection agency and legal fees. If we refer your debt to a collection agency, you will be required to pre-pay for your next visit(s) until the debt is paid.

**Patient Balance and Service Payment Policy**

All cash balances need to be paid at time of service. If balance is not able to be paid at the time of service a payment Electronic Funds Transfer (EFT or ACH) arrangement may be made with the billing department.

Payments may be made with cash, personal check, credit card (VISA, MC, AmEx, and Discover), Care Credit, or (EFT/ACH).

If payment cannot be arranged, a non-emergency service would need to be rescheduled, as well as future appointments will have to wait until a payment is received or payment plan is implemented.

Payment plan policy options as follows:

| Balance Range | Payment Plan Duration | Minimum Payment |
|---|---|---|
| $5 to $499.99 | NA | 5% or $25 whichever is greater |
| $500 and above | 10 months (Sup approval for extended) | 10% of current balance |

**If you are unable to keep your scheduled appointment,** please call us at least 24 hours in advance to reschedule/cancel your appointment.

In the case of multiple cancelled or no-show appointments, Rejuv Medical reserves the right to require a $25.00 hold fee to schedule any future appointments. Fee will be held until attendance of appointment. If a hold fee is placed on an appointment which results in a cancellation or no-show, the $25.00 hold fee becomes non-refundable.

PLEASE INITIAL THE FOLLOWING:

_____ **Rejuv Medical cannot guarantee insurance coverage by your insurance carrier. The information you provide will assist us in determining if some of the expenses are reimbursable by your HMO or insurance.**

_____ **I understand that I am financially responsible for all charges whether or not paid by my insurance carrier.**

SIGNATURE BELOW CONFIRMS THAT YOU HAVE BOTH READ AND UNDERSTAND ALL POLICIES AND CONDITIONS.

_____ _____

Patient Name - Print First and Last Relationship (if patient is a minor)

_____ _____

Patient (or responsible party) *Signature Date

*fully typed name constitutes my legal signature