

Vein Clinics of America - Office Policies

Vein Clinics of America Patient,

Thank you for choosing our practice! We are committed to the success of your medical treatment and care. Please understand that the payment of your bill is a required part of this treatment and care.

We need to work together to provide you the highest quality of care and service. Your understanding and adherence to our policies are an important part of the professional relationship that will lead to your satisfaction.

Financial Policy

- 1) All patients must complete the Patient Information form prior to seeing the doctor
- 2) Full payment is due at the time of service

Financial Policy – Frequently Asked Questions

For your convenience, we have answered a variety of commonly-asked financial policy questions below. If you need further information about any of these policies, please ask to speak with a Billing Specialist or the Office Manager.

How May I Pay?

We accept payment by cash, check, VISA, MasterCard, American Express, Discover and Care Credit (see the Officer Manager for details).

Do I Need A Referral?

If you have an HMO plan with which we are contracted, you may need a referral authorization from your primary care physician. If we have not received an authorization prior to your arrival at the office, we have a telephone available for you to call your primary care physician to obtain it. If you are unable to obtain the referral at that time, you will be rescheduled.

Which Plans Do You Contract With?

You can call your insurance plan to verify our participation or visit their website if they have one.

What Is My Financial Responsibility for Services?

Your financial responsibility depends on a variety of factors, explained in the “Office Visits and Office Procedures” section beginning on the next page and ending on page four (4) of this document.

Office Visits and Office Procedures Policy

If You Have...	You Are Responsible For...	Our Staff Will...
Commercial Insurance Also known as indemnity, "regular" insurance, or "80% / 20% coverage."	Payment of the patient responsibility (co-pay, co-insurance, deductibles, etc.) for all office visits, ultrasound, injection, and other related charges. Payment in full at the time of visit is required for all non-covered services, including services that are not medically necessary or cosmetic.	Call your insurance company ahead of time to determine deductibles and coinsurance. File an insurance claim as a courtesy to you. If the claim is not paid within 60 days the balance will become your responsibility.
HMO & PPO plans that are under contract	<p><u>If the plan requires an authorization :</u> Authorization is not a guarantee of payment! The insurance plan may determine that the services were not covered once the claim is submitted.</p> <p><u>If the plan requires a referral:</u> You are required by your plan to obtain a referral.</p> <p><u>If the services you receive are covered by the plan:</u> All applicable copays and deductibles are requested at the time of the office visit.</p> <p><u>If the services you receive are not covered by the plan,</u> including services that are not medically necessary or cosmetic: Payment in full is requested at the time of the visit.</p>	We will call and get an authorization. We will assist you in obtaining a referral as needed. Call your insurance company ahead of time to determine copays, deductibles, and non-covered services for you. File an insurance claim on your behalf.
HMO plans that are <u>not contracted</u>	Payment in full for office visits, ultrasound, injections, and other related charges at the time of office visit.	File an insurance claim on your behalf.
Point of Service (POS) or Out of Network PPO plans	Payment of the patient responsibility—deductible, copay, co-insurance, non-covered services— at the time of the visit. Patient will be responsible for any balance not paid by insurance.	Call your insurance company ahead of time to determine out of network benefits, copays, deductibles, and non-covered services. File an insurance claim on your behalf.

Office Visits and Office Procedures Policy Continued

If You Have...	You Are Responsible For...	Our Staff Will...
Medicare	<p>If you have Regular Medicare, and have not met your deductible, we ask that it be paid at the time of service.</p> <p>Any services not covered by Medicare are required to be paid at the time of the visit.</p> <p><u>If you have Regular Medicare as primary, and also have secondary insurance or Medigap:</u> No payment is necessary at the time of the visit.</p> <p><u>If you have Regular Medicare as primary, but no secondary insurance:</u> Payment of your 20% copay is requested at the time of the visit.</p>	File the claim on your behalf, as well as any claims to your secondary insurance.
Medicare PPO & HMO plans	All applicable copays, co-insurance and deductibles at the time of the office visit.	File the claim on your behalf, as well as any claims to your secondary insurance.
No Insurance	Payment in full at the time of the visit.	Work with you to settle your account. Our Office Manager will explain your options.

Patients are responsible for endorsing and forwarding any checks received from insurance company to Vein clinics of America.

Patient Appointment Responsibilities

Your appointments are determined by your physician to optimize the results from your treatment plan. In addition to the clinical benefit of a structured appointment schedule, the schedule makes it possible to assure that the appropriate medical personnel, including the physician, nurse, ultrasound technologist, or medical assistant as well as the required medical equipment and facilities are available to complete your treatment safely and effectively.

To ensure your quality of care and the quality of care of all other scheduled patients, we require a minimum of three working days notification in the event that your appointment must be rescheduled. Any patient canceling an appointment without three days notice will be charged a fifty (\$50.00) cancellation fee.

Procedures

If your physician recommends procedures, we will answer specific questions about the procedure scheduling process, discuss the paperwork and tests involved, and complete all pre-certification/authorization if your insurance company requires it.

The Office Manager will request a pre-procedure deposit, the amount of which depends on your coverage and deductible amount. A cost estimate which shows your estimated financial responsibility, based on the benefit levels and coverage of your insurance plan, will be explained by the Office Manager.

- *I have read, understand, and agree to the above Financial Policy.*
- *I understand that charges are to be paid in full at the time of visit for all non-covered services, including services that are not medically necessary or cosmetic, as determined by my insurance company.*
- *I understand that all applicable copayments and deductibles are my responsibility.*
- *I authorize my insurance benefits be paid directly to the Practice.*
- *I authorize the Practice to release pertinent medical information to my insurance company when requested, or to facilitate payment of a claim.*

Date

Signature

Printed Name

Office Manager