



PATIENT FINANCIAL POLICY

Morgan Kalman Clinic is committed to provide you with the best possible health care. We will, where applicable, file a claim with your medical insurance carrier on your behalf. Monies paid to Morgan Kalman Clinic will be appropriately applied to your account with our office. Balances remaining after payment is received from your insurance carrier will be billed to the patient/guarantor. Like most physicians' offices, Morgan Kalman Clinic will require full payment at the time of service. For your convenience we accept; personal checks (must have address and phone# on check), Visa, Mastercard, Discover and American Express.

Please check your individual policy to verify that we are listed as a participating provider. For those patients' insurance companies with whom we are a participating provider, we will submit your claim for you. However, all deductible, co-insurances and co-payments are due at the time of service. If we provide services and are notified that we were not participating with your insurance carrier, the responsibility will fall to you for payment for those services.

Referrals and Pre-authorizations

If your insurance policy requires you to have a referral or a pre-authorization from your primary care physician prior to treatment in our office, it is your responsibility to ensure that it has been received in our office. If we do not have your required referral or pre-authorization, it will be necessary to reschedule your appointment to a time when those requirements have been met.

Non-participating Plans

As a courtesy to our patients, Morgan Kalman Clinic, will submit your claim for you to your insurance carrier. However, any fees not covered by your insurance will be billed to the patient or guarantor.

Alternative Payment Arrangements

Morgan Kalman Clinic recognizes that medical expenses can be unplanned and therefore large balances can cause you financial burden. In the event of a financial burden, our billing associates, Heath Care Practice Management, are there to assist you. Dependent upon the needs of the patient, a prompt pay discount may be made available, or in certain circumstances, a payment plan can be made available. However, such arrangements must be made prior to your receiving treatment. It is the responsibility of each patient to know what their financial responsibilities will be regarding their deductibles, co-insurance and co-payment amounts and prepare for that responsibility.

Injury Claims

Morgan Kalman Clinic will file the claims for patients with workers compensation, automobile or personal injury insurances. Patients must provide us with the following information prior to their appointment being made with these insurance types. We need adequate time to contact the insurance carrier to verify your claims.

1. NAME OF INSURANCE CARRIER
2. MAILING ADDRESS FOR CLAIMS SUBMISSION
3. CLAIM OR CASE NUMBER
4. ADJUSTER'S NAME
5. ADJUSTER'S PHONE NUMBER AND EXTENSION
6. DATE OF INJURY/LOSS
7. NAME OF POLICY HOLDER
(Employer, Place of injury or holder of auto policy with their phone #)

In addition to the above we will require a copy of your health insurance card. If we are not a participating provider of that health insurance or if you do not have health insurance Morgan Kalman Clinic is hereby advising you that any claims denied by your workers compensation, automobile or person injury carrier will be your responsibility. We encourage you to call your adjuster and speak with that person regarding any guidelines or pre-authorization requirements they may have before making your appointment. Also be sure you have not exhausted your PIP coverage according to the guidelines of the policy holder.

Bad Checks for NSF (Non-sufficient funds)

In the event of a bad or NSF check, you will incur a fee of \$25.00 in addition to the balance when a check is returned unpaid by your banking institution. If the obligation is not satisfied within ten (10) days of the NSF notification, the check will be forwarded to the State of Delaware office of the Attorney General.

Missed and No Show Appointments

When a patient no shows or calls us after their appointment time has come and gone, it impacts our ability to fill that time slot with someone who needed care. We understand that a patient can have an accident, family emergency or wake up too ill to leave the house. Once we are contacted we will certainly evaluate the situation. If the patient does not contact the office to cancel that appointment scheduled on that day, you will receive a bill for \$30.00 which represents a no show/missed appointment fee which is payable in thirty days.

Collection Accounts

Patient accounts that have been referred to a collection agency for lack of payment are subject to a \$25.00 handling fee and a 25 percent surcharge. Once accounts are referred to a collection agency, patient/guarantors must communicate directly with the agency to resolve account balances. No calls will be handled by the practice regarding collection agency letters.

I have carefully read and understand the information in the Patient Payment Policy.

Patient Signature _____ Date Signed _____