



## Financial Policies, Terms, and Conditions

**Payment Guarantee:** For services rendered by American Health Network (“AHN”), you guarantee payment of your account at the time services are provided for any and all costs that will not be paid by an insurance carrier, government payer (including Medicaid), and other third party payer (together, referred to as “PAYER”), including in the event that if at a later date after initial approval your Payer denies your claim. You further understand that any out-of-network charges may be your responsibility as determined by your PAYER. You acknowledge that if your dependent is provided services you will be responsible for payment under these same policies, terms, and conditions. The “Responsible Party” listed on the Patient Data Sheet will be sent the Statement and shall be responsible for paying it. If the Responsible Party is not you and that person does not pay the bill, YOU are responsible for satisfying the Statement.

**Assignment of Benefits:** *To the extent there is third party coverage for payment of services, you agree that all medical and related benefits **PAID** by PAYER will be irrevocably assigned to AHN on your behalf.*

**Billing Information:** It is essential that you provide us with complete and accurate information so that we may properly submit billing information to your insurance company (i.e. home address, phone numbers). We will make every effort to submit claims to your insurance company and promptly provide you with our statements. However, if for any reason the statement is returned to our office because of a problem with an address you provided, you may be dismissed in accordance with these policies, terms, and conditions and referred to a collection agency. To avoid this, please ensure that all of your information is accurate, current, and up-to-date. **Please be sure to bring your government-issued photo identification and your insurance cards to every visit so that we may properly bill your insurance company. If you do not have your insurance card with you, you may be required to make payment in full that day.**

**Medicare Agreement:** If you have Medicare coverage, you acknowledge that payment of benefits will be made to you or on your behalf for any services furnished to you by AHN (or the party who accepts assignment), including your physician services. You authorize any holder of medical or other information about you to release to Medicare and its agents, any information needed to determine these benefits or any benefits for related services.

**Payment terms:** **We require payment at the time of your office visit. If you fail to make payment at the time of service we may charge an extra processing fee in recognition of the expenses of preparing and sending out a Statement. Depending on your insurance policy benefits, this payment could be for a co-payment, co-insurance, deductible, or for the entire services rendered at that visit.**

**Insurance Billing:** As your healthcare provider we will file your claims with your insurance company as a courtesy after services are provided, however, if you notify us not to file it with your Payer we will honor your request. It is your responsibility to understand what services are covered under your medical insurance policy. If you have any questions whether a service will be covered we urge you to contact your insurance company before the service is provided. The codes that are listed for the services that are provided to you are based on the guidelines of the American Medical Association. There are several factors involved when making the decision for the type of services to be billed. Among those deciding factors are whether you are a new patient, the reason for the visit, the amount of time the service takes, and the complexity of the medical problem.

Insurance companies make their payment decisions about specific medical services by looking at what your insurance policy provides. **Example: If the reason for your visit is a sports physical and your insurance company does not cover that service we cannot go back and change the reason for your visit. It is your responsibility to find this out ahead of time.**

Routine services such as office visits, laboratory services, mammograms, screenings, and annual physicals may be covered under your insurance policies. If they are not covered you will be fully responsible for them. We suggest that you contact your insurance company to find out what benefits you have under your policy before services are rendered. The customer service number is usually found on your insurance card.

Your insurance company may require a pre-certification, prior authorization, or referral for some services, such as: radiology, surgery, or specialist visits. Receiving prior authorization does not guarantee that your insurance company will pay for it. Patients have the responsibility to ensure that prior authorization is obtained prior to services rendered. You should normally receive a response from your insurance company within 30 days. This is in the form of an "Explanation of Benefits" (or "EOB"). If you do not receive it, we would appreciate your contacting your insurance company to check the status of your claim in order to expedite payment. Please call our Billing Department if you encounter any difficulty with your insurance company and we will try to assist you. You are responsible for payment until the account is paid in full by your insurance company. Once we have received an EOB from your insurance company indicating the amount you will

be responsible for, a Statement for the balance will be sent to you and payment is expected by the due date contained on our Statements.

**Interest and Attorney's Fees:** In the event that amounts due on account of services provided to you are not satisfied when due, AHN shall be entitled to charge interest at the rate of 1.5% per month (18% per annum) and you shall be responsible for all costs and expenses incurred in efforts to collect any unpaid amounts due from you, including any interest charges due, court costs, and all reasonable attorney's fees. Further, in the event that a check is returned for insufficient funds, all charges incurred by AHN shall be your responsibility.

**Note to divorced parents of dependents:** The Statement for your dependent will be sent to you and you are expected to pay it promptly. Even if you do not believe you are the "responsible party" we expect you to make payment, and then you can take action on your own to recoup from the party you believe responsible.

**Workers Compensation Injury:** If you believe you are being seen for an injury/illness as a result of your job, we must have written authorization from your employer to confirm this, and directions from your employer regarding who we should bill for this service. If we do not have this information at the time services are provided, we will bill you and/or your insurance company.

**Self Pay Services:** Are services that are not covered by an insurance policy or third party payer. Self Pay Services will receive a 15% discount across the board for professional services rendered, **when payment is made in full at the time services are rendered** (and where no claim form is prepared or billing statement has to be mailed).

**Payment is YOUR responsibility:** Our relationship is with you, to provide quality healthcare to you and/or your dependent. Consequently, all charges incurred are your responsibility. The obligation to ensure payment in a timely manner lies with you. Unfortunately, we cannot always depend on your insurance company to make timely payment on your behalf. We are not responsible for delays, misplaced claims, or the need for additional information from you by your insurance company.

**Payment Options:** If you are unable to meet your financial obligation, payment arrangements can be made. Financing options may be available. Contact our Billing Department to discuss payment options, **before your account becomes over due**. In cases of financial hardship you might be considered under our hardship policy and you may ask us about it.

**Making Payments:** Patients may pay by cash, money order, check or personal credit card, which can include credit cards to pay from your "flexible spending account" and/or "health savings account," if you have these. One, or all, of these cards may be used to pay your bill, and may be kept on file by us to facilitate billing. If you have a credit balance after paying for a service, AHN can apply it to any outstanding balances on your account.

**Fees Assessed by AHN:** You may be charged fees for the following: **(1) Returned Checks (2) Completion of Forms** (e.g. Disability or Family Medical Leave) **(3) Copying of Medical Records (4) Failure to Cancel Appointment** ("No Show") - if you do not advise us of your inability to keep your appointment prior to 24 hours before your appointment. The Fee for a No Show appointment may be assessed up to the amount in our current Fee Schedule.

**Termination of Services:** If you do not respond to 3 notices to the address we have on file, you agree that AHN may terminate your relationship with all of its offices. You will be considered an active patient as long as your account is in good standing and we provide you services within a 3 year period. You will have deemed yourself as terminating our relationship if you have no contact with us for this period of time. Acceptance back into the practice as a new patient is at the discretion of the individual provider/location.

**Authorization to Release of Medical Information:** You authorize the release of information by AHN to third party payers, health care institutions, physicians and other providers involved in your medical care. You agree that as necessary for your care, AHN may share information with family members and friends as minimally necessary to make decisions about your care. You agree that AHN may provide your medical records to third-party payers, insurance companies, review agencies, employers, welfare departments, and to third-party data service providers, including Health Information Exchanges, like the Indiana Health Information Exchange (IHIE). This may include records about infectious diseases and drug and alcohol abuse treatment.

**Accidents and Motor Vehicle Injuries:** Each individual location can decide whether or not to work with you through a third party payer to cover services rendered. In all cases you bear the responsibility for these costs and must pay them promptly at any time that location decides to bill you directly.

**Continuing Agreement:** I have read this information carefully and agree that everything in this Agreement applies to current and future health care services provided by AHN. I acknowledge that AHN may change these terms without notice to me.