



## **Financial Policy**

**CO-PAYS** The patient is expected to present the insurance card at each visit. All co-payments and past due balances are due and payable at the time of service.

**SELF-PAY ACCOUNTS** Self-pay accounts are patients who are covered by carriers that the practice does not participate in, patients without an insurance card on file at the time of service or patients who have not met their deductible. It is expected that payment is required at the time of service for all services including surgeries.

**INSURANCE INFORMATION** Insurance claims are filed to the participating insurance companies on the behalf of patients.

**PAYMENT OPTIONS** Patients may use cash, check or Visa/Mastercard. CareCredit is available for balances greater than \$1000. Applications are available at [www.carecredit.com](http://www.carecredit.com). For specific billing inquiries please call (865)588-8838. Payments may be mailed to Department 888067, Knoxville, TN 37995-8067.

**NON-PARTICIPATING INSURANCE ACCOUNTS** The financial obligations of patients who are insured by carriers that the practice does not participate in are considered a Self-pay Account. The insurance company will be billed as a courtesy to the patient. If payment is received for an account that is previously paid, the patient will receive a refund.

**REFERRALS AND AUTHORIZATIONS** It is the patient's responsibility to obtain all required referrals and authorization approvals from the insurance provider. Failure to do so could result in reduced benefits and greater financial responsibility.

**RETURNED CHECKS** Patients who have checks returned for non-sufficient funds will expressly authorize their bank account to be electronically debited or bank drafted for the amount of the check plus any applicable fees. The use of the check for payment is the patient's acknowledgement and acceptance of this policy and its terms and conditions. A \$30.00 charge will be added to the account for each returned check. If the fee is not paid within 10 business days, the charge will be turned over to a collection agency and appropriate fees and interest rates will apply.

**PATIENT REFUNDS** The following criteria must be met prior to issuing a patient refund: The patient has not been seen in the office for 90 days and there are no outstanding insurance claims on the patient's account.

**DIVORCE CASES** In cases of divorce, the individual who receives the care is responsible for payment of co-pays, co-insurance and non-participating insurance balances at the time of service. We will not bill a divorced spouse for the patient's services.

**WORKERS' COMPENSATION** Patients covered with workers' compensation must contact their employer and assigned case-worker prior to treatment.

**COLLECTION FEES** Balances that remain unpaid after 60 days are subject to collections. Balances turned over to a collection agency are assessed a 30% collection fee.