

SHEBOYGAN INTERNAL MEDICINE ASSOCIATES

FINANCIAL POLICY

Sheboygan Internal Medicine Associates is dedicated to provide the highest quality, cost effective medical care individualized to the patient's personal needs and wishes. We realize that the handling of the financial part of your health care is important to you. Your insurance contract is between you and the insurance company. You are responsible for all charges not covered by your insurance company. As a courtesy to you, we will be happy to prepare and submit a claim to your insurance carrier. We accept payment by cash, check or credit card. Please review the section below that is applicable to you.

COPAYS

All co-payments and past due balances are due and payable at the time of service. Please provide copies of insurance cards and notify our office of any changes in your insurance.

SELF-PAY ACCOUNTS

Self-pay accounts are patients who are not covered by insurance or do not have an insurance card with them at the time of service. If you are a new patient to our practice you will be asked to pay \$200.00 at the time of service. If you are an established patient, you will be asked to pay \$150.00 at the time of service. Monthly payments are then required until balance is paid in full. .

NO SHOW APPOINTMENTS

Consistent no show appointments without notification are subject to a \$25.00 fee payable by you. Unpaid no show balances must be paid in full before a new appointment is scheduled.

COLLECTION AND BANKRUPTCY ACCOUNTS

If you are referred to a collection agency by our office or you have filed for bankruptcy, you will be a "cash only" patient. All services rendered will need to be paid in full at the time of service.

WORK COMP CLAIMS

If you are filing a claim with workers compensation, you will be asked to furnish the billing information to our billing department at the time of service. It is the patient's responsibility to file a report of injury with their employer.

LIABILITY CLAIMS

It is our practice that we do not submit to liability insurance directly, however, you may request a copy of your bill to **submit** the liability insurance by contacting us at 920-452-6000. The patient is responsible for liability claims and will be a self-pay account (see self-pay accounts).

MEDICARE PATIENTS

We are a participating provider with the Medicare program. We accept Medicare assignment You will be responsible for deductibles, co-insurance and any non-covered services.

WISCONSIN MEDICAID PROGRAMS

We submit claims to Medicaid programs with a proper identification card and verification of coverage. The patient is responsible for any co-payments and non-covered services. Co-payments are due at the time of service.

INSUFFICIENT FUNDS CHECKS

Any checks made to Sheboygan Internal Medicine that are returned due to insufficient funds will be charged a \$40.00 fee.

This financial policy assists Sheboygan Internal Medicine in providing quality care to our valued patients. If you should have any questions or need clarification of any of the above policies, please feel free to contact our billing department at 920-452-6000. Our business office hours are Monday through Thursday from 8:30 a.m. to 4:30 p.m.