

Hanover Family Physicians

Financial Policies

We understand medical costs can be expensive and we are dedicated to providing quality medical care at a fair and reasonable price. One way you can help keep costs low is by reviewing our payment policies and understanding the terms of your insurance policy. This can eliminate the need for us to bill you for services not covered by your insurance. If you have any questions feel free to contact us.

Payment Is Expected at the Time of Service

Unless other arrangements have been made in advance, payment is required at the time services are rendered. This includes applicable co-pays, co-insurance and outstanding account balances. Patients who have an outstanding balance of \$100 or are more than 42 days overdue must make arrangements for payment prior to scheduling appointments.

Payment can be made with cash, personal checks or any major credit card. If a personal check is returned for insufficient funds we will charge a \$35 fee and will send a letter requesting full payment be made within 5 days after receipt. Patients who do not resubmit the payment may not be able to schedule future appointments.

General Insurance Information and Policies

Hanover Family Physicians is pleased to participate in most insurance plans. Patients need to present their insurance card and co-payment or co-insurance when checking in for their appointment. As a courtesy, we bill your participating insurance company on your behalf. If we have not received payment from your insurance company within 45 days from the date of service, you will be expected to pay the balance. If your insurance company denies coverage or reimburses less than the allowable charge we will send a bill for the amount due. Patients are responsible for paying these charges in a timely manner.

To limit unexpected charges patients should thoroughly understand their co-payment and co-insurance amounts, benefits and what services are covered including physicals, immunizations and lab work. If you are unsure if a service is covered please check with your employer or call your insurer before your appointment.

Insurance companies may request additional details from you before processing your insurance claims. Examples are "Coordination of Benefits" (COB) questionnaires and written requests for "accident" information. Your insurance company will not pay until you fulfill their request. Claims can be denied because the insurance company requested additional details but patients did not respond to the request. If your claim is denied our office will bill you for outstanding charges. You may contact your insurance company and submit the request information and ask them to reprocess the claim. Patients who

present invalid or terminated insurance, pending insurance, or the wrong physician's name on their insurance card must submit full payment at the time of service.

Patient Balances and Insurance Correspondence

We mail all correspondence and bills for outstanding balances to the address on record. To keep our records current and ensure you receive all correspondence relating to your medical care please update us if your address, phone number or insurance information change. After your appointment your insurance company will send us an Explanation of Benefits (EOB) with payment. Your insurance company will also send you a copy of the EOB statement. Please review these statements as they will detail any outstanding balances you owe us.

If your insurance company does not pay the entire amount we will generate a bill and mail it to the address we have on file for you. However, if your address is incorrect or you do not receive the bill, we assume that you have been notified of the amount due from EOB sent to you from your insurer. Any amount not paid by your insurance company should be sent to our office as soon as possible.

All outstanding balances over 42 days with no payments or dialogue with our billing office may be turned over to our collection agency. If your account is sent to the collection agency, you may be discharged from the practice.

Managed Care

If you are enrolled in a managed care insurance plan, such as an HMO or PPO, you must verify that one of our physicians is listed on your insurance card. If your insurance card does not list us as your Primary Care Provider (PCP) there is often a window of opportunity for you to change your PCP. Please check with your insurer for the correct timing of this change before seeing the physician. If we are not listed as your PCP and your insurance company denies payment, we must bill you for all services. Some managed care policies require referrals to see a specialist. If we are your PCP and you need a referral from one of our physicians you must request the referral prior to your specialist appointment. We are unable to give retroactive referrals.

Refunds

To request a refund of over payments, credits and unapplied credits on a patient account please send a written request Hanover Family Physicians. Refunds will be processed and returned to the responsible party within 30 days.