

Boston Hernia and Pilonidal Center  
Financial Policy

Thank you for choosing Boston Hernia and Pilonidal Center PLLC as your health care provider. We are committed to building a successful physician-patient relationship with you and your family. Your clear understanding of our Patient Financial Policy is important to our professional relationship. Please understand that payment for services is a part of that relationship. Please ask if you have any questions about our fees, our policies, or your responsibilities. It is your responsibility to notify our office of any changes to patient information (i.e. address, name, insurance information, etc).

**Co-pays**

The patient is expected to present an insurance card at each visit. All co-payments and past dues should be paid off at time of check-in unless previous arrangements have been made with a billing coordinator. We accept cash, check or credit cards. Absolutely no post-dated checks will be accepted.

**Insurance Claims**

Insurance is a contract between you and your insurance company. In most cases, we are NOT a party to this contract. We will bill your primary insurance company as a courtesy to you. In order to properly bill your insurance company, we require that you disclose all insurance information including primary and secondary insurance, as well as any change of insurance information. Failure to provide complete insurance information may result in patient responsibility for the entire bill. Although we may estimate what your insurance company may pay, it is the insurance company that makes the final determination of your eligibility and benefits. **If your insurance company is not contracted with us, you agree to pay any portion of the charges not covered by insurance, including but not limited to those charges above the usual and customary allowance.** If we are out of network for your insurance company and your insurance pays you directly, you are responsible for payment at the time of service and agree to forward the payment to us upon receipt of the payment from your insurance company. If your insurance company takes back payment for services, you will be billed directly.

**Participating Insurances – Please see our website for current insurances we are contracted with**

If your insurance plan is one with which we are not a participating provider, you will be responsible for payment in full. However, as a courtesy, we will file your initial insurance claim and if not paid within 30 days you will be responsible.

**Referrals and Preauthorization**

Certain health insurances (HMO, POS, etc.) require that you obtain a referral or prior authorization from your Primary Care Provider (PCP) before visiting a specialist. If your insurance company requires a referral. You are responsible for obtaining it. Failure to obtain the referral may result in lower or no payment from the insurance company. If you have not obtained a required referral, you will be asked to sign a waiver at the time of visit, and any balance payment will be your responsibility. Alternative payment arrangements or rescheduling of your appointment may be necessary if not obtained.

**If Surgery is Necessary**

Please check with your insurance company to understand what costs you may encounter. Take into consideration that there will be hospital costs as well as anesthesia costs. These costs will be billed to you separately. We will be happy to direct you to the appropriate person in charge at the hospital or surgery center. We will obtain an authorization for surgery if this is required by your insurance company.

**Self-pay Accounts**

Self-pay accounts are patients without insurance coverage, patients covered by insurance plans in which the office does not participate, or patients without an insurance card on file with us. It is always the patient's responsibility to know if our office is participating with their plan. If there is a discrepancy with our information, the patient will be considered self-pay unless otherwise proven. Self-pay patients will be required to pay \$300 for their initial appointment and will be asked to make payment arrangements for the balance. Extended payment arrangements are available if needed. Please ask to speak with a billing coordinator to discuss a mutually agreeable payment plan. It is never our intention to cause hardship to our patients, only to provide them with the best care possible and the least amount of stress.

**Motor Vehicle Accident (MVA) and Third-Party Billing**

We do not do any third-party billing. Our relationship is with you and not with any third-party liability insurance carrier (auto, homeowner, etc.). It is your responsibility to seek reimbursement from them. However, at your request, we will submit a claim to your primary health insurance carrier. You may receive an accident questionnaire from them to be completed by you. If the questionnaire is not returned to your medical insurance company and/or we receive a denial on your claim, you will be responsible for payment in full.

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**Workers' Compensation**

It is the patient's responsibility to provide our office staff with employer authorization/contact information regarding a workers' compensation claim at the time the appointment is made. If the claim is denied by the workers' compensation insurance carrier, the balance will become the patient's responsibility. At your request, we will submit the claim to your primary medical insurance carrier with a copy of the workers' compensation insurance denial. If your primary medical insurance carrier's claim is denied, you will be responsible for payment in full.

**Missed Appointments**

Boston Hernia & Pilonidal Center requires 24-hour notice of appointment cancellation. Appointments missed and are not previously canceled may be charged a fee of \$50.00.

**Returned Checks**

The charge for a returned check is \$35 payable by cash or money order. This will be applied to your account in addition to the insufficient funds amount. You may be required to pay on a cash only basis following any returned check.

**Medical Record Copies**

Patients requesting copies of medical records will be charged:

- \$10 – under 20 pages
- \$15 – 21 to 49 pages
- \$20 – over 50 pages

**Attorneys and Insurance Companies that are not the payors will be charged a \$100 fee, plus postage, plus:**

- \$.25 per page – first 100 pages
- \$.10 per page – additional pages after first 100 pages
- \$15 for an itemized bill

A special handling fee of \$10 will be charged if records must be delivered within 48 hours of the request.

**Minors**

The parent(s) or legal guardian(s) is responsible for full payment of the charges for the minor and will receive the billing statements. A signed release to treat may be required for minors who are treated without his/her parent/guardian present.

**Outstanding Balance Policy**

It is our office policy to send two statements for the outstanding balances. If payment is not made on the account on a timely basis, a delinquency (pre-collection) letter will be sent out. If no resolution can be made, the account will be sent to the collection agency, or attorney, and may result in possible discharge from the practice.

In the event an account is turned over for collections, the person financially responsible for the account will be responsible for all collections costs, including attorney fees and court costs.

Regardless of any personal arrangements that a patient might have outside of our office, if you are over 18 years of age and receiving treatment or are the parent or legal guardian of a minor receiving treatment, you are ultimately responsible for payment of the service.

*This financial policy helps the office provide quality care to our valued patients. If you have any questions or need clarification of any of the above policies, please feel free to contact us.*

I have read and understand the Financial Policy and agree to comply. I may request a copy of this policy at any time. In the office, you will be asked to sign electronically that you reviewed this document.

\_\_\_\_\_ Patient Signature \_\_\_\_\_ Date

\_\_\_\_\_ Patient Printed Name