



PATIENT FINANCIAL POLICY

On behalf of our entire staff, welcome you to our practice. We would like to thank you for choosing us as your healthcare provider. Our practice is committed to building a successful doctor-patient relationship with you and your family and/or caregivers. 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. The following is a statement of our Financial Policy, which we ask you to read, sign, and return to the Front Desk prior to the beginning of your treatment.

Your Responsibility

You are financially responsible for the services we provide to you. We understand that many patients arrange for insurance companies to pay for a large portion of medical claims, however, the patient (or legal guardian if the patient is a minor) is ultimately responsible for the bill if the insurance company does not pay.

Waiver of Patient Responsibility:

It is the policy of the practice to treat all patients in an equitable fashion related to account balances. The practice will not waive, fail to collect, or discount co-payments, co-insurance, deductibles, or other patient financial responsibility in accordance with state and federal law, as well as participating agreements with insurance companies. Full or partial financial responsibility may only be waived in accordance with the practice's Charity Care Policy.

For Our Patients with Medical Insurance

We participate in most major health plans, including Medicare. Our business office will submit claims for any services rendered to a patient who is a member of one of these plans and will assist you in any way we reasonably can to help get your claims paid. It is the patient's responsibility to provide all necessary information before leaving the office. If you have secondary insurance, we will automatically file a claim with them as soon as the primary carrier has paid. Your insurance company may need you to supply certain information directly to them. It is your responsibility to comply with their request.

Please bring your insurance card and a photo ID with you at the time of your appointment. If you are insured by a plan that we are contracted with, but don't have an insurance card with you, payment in full for each visit is required until we can verify your

coverage. To properly bill your insurance company, we require that you provide all insurance information, including primary and secondary insurance, as well as any change of insurance information since your last visit. Failure to provide our office with complete insurance information may result in patient responsibility for the entire bill. The insurance company makes the final determination of your eligibility and benefits. If your insurance company denies any of your medical claims, you agree to pay all balances.

For Our Patients Without Medical Insurance

If you do not have group or individual medical insurance, payment for all professional services is expected at the time of your visit. Please note, we do offer discounted fees for patients without health insurance.

Non-Covered and Out of Network Services

Medical services that are considered by your insurance company to be non-covered, out of network, or not medically necessary will be your responsibility for full payment. If we are not in-network with your insurance company and your insurance pays you directly, you are responsible for payment of our fees and agree to forward the payment to us within (5) days of receipt.

Medicare

Our office will submit Medicare charges to Medicare and your secondary insurance, if applicable. You are responsible for deductibles, co-pays, and any non-covered services. If you do not have secondary insurance, we will collect your 20% co-pay at the time of service.

Insurance Pre-Authorizations

Our office will contact your insurance carrier for a pre-authorization for all medical or surgical procedures prior to treatment. This may take a few days or weeks for your insurance company to complete. A precertification, prior authorization, or pre-determination of benefits is not a guarantee of payment. It is an acknowledgement from your insurance carrier that they deem the recommended treatment plan as medically necessary services and is subject to coverage at the time of service. It is ultimately the patients'™ responsibility to know their insurance benefits. Therefore, we recommend that the patient also contact their insurance company to verify recommended treatments are covered under your policy and not treated as a policy exclusion. Our business office will provide you with procedure and diagnosis codes needed to verify with your insurance company.

Procedures

If your doctor recommends a medical procedure, we will answer specific questions about the procedure scheduling process, discuss the paperwork and tests involved, and complete all pre-certification/ authorization required by your insurance company. Our Insurance Coordinator will request a pre-procedure deposit, the amount of which depends on your coverage and deductible amount. An estimate of your financial responsibility, determined by your policy benefits, will be reviewed, and explained to you

by our Insurance Coordinator.

Referrals

If your insurance company requires a referral from your primary care physician, you are responsible for obtaining it. If we have not received an authorization prior to your arrival at the office, we have a telephone available for you to call your primary care physician to obtain it. Failure to obtain the referral may result in a reduced or denied payment from the insurance company, and the balance will be your responsibility.

Insurance Coverage Changes

If your insurance changes, please notify us before your next visit so we can make the appropriate changes to help you receive your maximum benefits.

Co-Payments

Your co-payment and deductible are determined by the insurance company based upon the plan you have selected. Your insurance company requires us to collect co-payments at the time of service. Please be prepared to pay your co-payment and any outstanding balance from prior services rendered, at each visit. For your convenience we accept cash, checks, Visa, MasterCard and American Express. If you do not have your co-payment your appointment may need to be rescheduled.

Patient Appointment Responsibilities

Your appointments are determined by the doctor or a member of the clinical care team to optimize the results from your treatment plan. In addition to the clinical benefit of a structured appointment schedule, the schedule makes it possible to assure that the appropriate medical personnel, including the doctor, physician assistant, nurse, ultrasound technologist, or medical assistant, as well as the required medical equipment and facilities, are available to complete your treatment safely and effectively.

Terms of Payment

All patient balances are due within thirty (30) days of the statement date. You may pay by cash, check, Visa, MasterCard or American Express. If your account is assigned to an attorney for collection, the prevailing party shall be entitled to reasonable attorney fees and cost of collection.

Delinquent Balance Appointment

Patients with a delinquent balance are required to make payment in full for future services. A delinquent account is defined as a patient balance more than 90 days. If the patient has not made any payments or sought assistance during this time, additional services may be refused.

Returned Check

The charge for a returned check is \$25.00 and payable only by cash, money order or credit card. The \$25.00 fee will be applied to your account, in addition to the amount of

the NSF check. Please be aware that our bank may try to process your NSF check a second time. In this case, there will be (2) \$25.00 returned check fees assessed to your account.

Credit Card on File

The Vein Center of Cincinnati is committed to service efficiency and reducing waste. Our goal is to make the billing process as simple as possible. All patients will be required to have a credit card on file. We appreciate your cooperation and assistance in this process. Your credit card on file will be used to pay your account balance after your insurance claim has been paid and your insurance company has identified the remaining balance as patient responsibility. Our credit Card transaction company's proprietary encryption is HIPAA compliant and designed to render cardholder data virtually unreadable, encrypted at the device, as required by the Payment Card Industry Data Security Standard (PCI-DSS). This enables us to run credit card transactions within our system. Once your credit card is scanned into our system, office personnel will not have access to your card. Only the last 4 digits of your card will show in our system.

Credit Cards on File will be used for:

Co-pays. When you come into the office, we will ask you if you want to use the credit card on file. You may also choose to present another card if preferred or any other form of payment accepted by our office (cash, check).

Deductibles & Co-insurance. Your credit card on file will be utilized to finalize your balance after your insurance company processes the claim and identifies the due from patient balance. Our patients typically receive their Explanation of Benefits (EOB) statement from their insurance company before a copy is received in our office. If you disagree with the due from patient amount calculated by your insurance company, as outlined in your EOB, it is your responsibility to contact your insurance carrier immediately and request a review. Ultimately, you are responsible for knowing what services are covered by your insurance plan and how much of the cost is your responsibility. You will be responsible for any portion of services that your insurance company does not cover.

You will then receive a statement from our office with your balance due within 30 days of receipt. You can pay your balance by check, credit card, or cash. If after 30 days the statement has not been paid in full, the credit card on file will be charged in the amount of the balance due.

If your credit card on file expires or otherwise becomes uncollectable, we will expect you to promptly provide a new means of payment. If a credit remains on your account after your insurance claim has been finalized, the credit will be returned to the credit card on file.

Nonpayment

All patient responsible balances that remain delinquent after 90 days, with no response to our requests for payment, may be referred to a collection agency. Please be aware

that if a balance remains unpaid, you and/or your immediate family members may be discharged from this practice. If this is to occur, you will be notified by regular and certified mail that you have 30 days to find alternative medical care. During that 30-day period, our clinical care team will only be able to treat you on an emergency basis.

Collection Procedures

Members of our billing department are always available to help and answer your questions. Please let us know if you are having difficulty paying the balance on your account. We may be able to help you by setting up a payment plan based on your financial hardship. Please call (513) 232-2400 for assistance. Once made in writing, payment agreements are binding. We consider payment by the patient for services rendered to be an important part of the patient's role in the doctor-patient relationship. Prompt payment for services rendered is expected and failure to comply or respond to repeated communications from our office may result in discharge from the practice and/or involvement of a third-party collection agency. Once an account has been placed with an outside collection agency, prior balances must be resolved before being seen by our staff for additional services.

I have read, understand, and agree to The Vein Center of Cincinnati's Financial Policy.

I understand that charges are to be paid in full at the time of visit for all non-covered services, including services that are not medically necessary or cosmetic, as determined by my insurance company. _____

I understand that all applicable co-payments and deductibles are my sole responsibility.

I authorize my insurance benefits to be paid directly to The Vein Center of Cincinnati.

I authorize The Vein Center of Cincinnati to release pertinent medical information to my insurance company when requested, or to facilitate payment of a claim. _____

I agree to place a credit card on file to be utilized by The Vein Center of Cincinnati. I authorize the staff to run my credit card for purposes stated above. _____

I have read the Patient Financial Policy, I understand its contents, and I agree to the terms and conditions as outlined above. _____

Patient Name: _____

Signature: _____ Date: _____