



DANIEL C. MACMILLAN, M.D.

SANDRA N. SENESHEN, M.D.

WENDELL L. BAILEY, M.D.

G. BRICE HAMILTON, M.D.

PATIENT FINANCIAL POLICY

Thank you for choosing Surgical Associates Southern Indiana. We are committed to providing excellent care to our patients – regardless of insurance coverage or financial limitations. Your understanding of our financial policy is extremely important to our professional relationship. Please understand that payment of your bill is a vital part of our business and we will work with you to simplify the process. We accept Cash, Check, Money Order, Visa, and MasterCard. Please read the following carefully, and if you have any questions, please ask for clarification.

INSURED PATIENTS

Our business relationship is with our patients and families, not insurance companies. However, the insurance carriers have considerable influence on this relationship. In order for our office to file a claim with your insurance company we must have a valid insurance card on file. If one is not given to our office, we cannot schedule surgery or additional tests until we receive a copy of your card. You may be responsible for payment in full for any services rendered on that day, or your appointment may be rescheduled, based on your particular insurance policy. Once your information is complete, we will file your claims with your insurance company. We are not responsible for negotiating claims on your behalf. **All charges incurred are your responsibility if your insurance company chooses not to pay, for any reason.**

It's important for you to read your policy handbook provided by your employer, and to understand and know which services are covered and which may be considered "not medically necessary". There is no way for our office to know what provisions are in your particular policy. The physician may perform services that your insurance company may deny, and this does not relieve you of financial obligation. Our precertification with your company does not guarantee that they will cover you or even pay their portion of your bill.

If you are covered under Medicare or Indiana Medicaid, it is your responsibility to provide us with your ID card prior to services being rendered. If you do not have your card, we will be happy to reschedule your appointment. Please be aware that we only participate with the Indiana Medicaid Program. **If you are covered under any other states' Medicaid Program, you are required to receive non-emergency treatment in that state.**

REQUIREMENTS FROM YOUR INSURANCE COMPANY

Any co-payment required by an insurance company must be paid at the time of service. Because this is an insurance requirement, we cannot bill you for the co-pay. If you are unable to pay your co-payment, we may be required to reschedule your appointment.

If you participate in a managed care medical plan that requires a referral, you must bring that referral number or form with you on your scheduled appointment. It is your responsibility to keep track of the number used and update as necessary. If you have not contacted your primary care provider to obtain this referral, it will be necessary to reschedule your appointment.

Deductibles and co-insurances will need to be paid prior to receiving surgical care. Our office will call to verify your insurance benefits and check deductible status. If our office receives reimbursement from your insurance company, any money that has been overpaid will be refunded to you.



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UNINSURED PATIENTS

If you are uninsured, payment for office related services are due at the time services are rendered, unless alternate arrangements have been made and approved with the business office. We will need to arrange a payment plan for any elective surgical procedure at the time the procedure is scheduled. Customarily, our policy requires one-half of the surgeon's fee be paid prior to the scheduling of your surgery. For some elective cases, the entire amount may be required. Arrangements with the hospital – for their expenses and charges may also need to be made before your operation or tests.

MONTHLY STATEMENTS

If you have a balance on your account, we will send you a monthly statement. You will receive this statement after your insurance company has paid their portion. All patient due balances are to be paid within thirty (30) days. If you are unable to pay this amount in full, we expect you to contact our business office to make payment arrangements. Any default on these arrangements will result in the account being placed with an outside collection agency, or reported to the American Credit Bureau.

RETURNED CHECKS

Any returned check will be subject to a \$25.00 service fee. This will need to be resolved before any future treatment is scheduled.

WORKMAN'S COMPENSATION

We will file a claim with your Workman's Compensation carrier if all the necessary information is obtained prior to services being rendered. We must know who authorized services, their phone number, and an address to submit the claim. We must have a valid claim number. If this information is not received, it may be necessary to reschedule your appointment.

AUTOMOBILE INSURANCE

We do not file insurance for auto accidents. Payment in full is due at the time of service. We will provide you with any information that you may need to file for these services on your own. Please allow at least two weeks for us to furnish you with the information needed.

We would like to thank you for your cooperation and understanding in regards to our financial policy. If you have questions, please ask to speak with the Office Manager or Billing Department Representative.

I have read and understand the financial policy for Surgical Associates Southern Indiana. I agree to be bound by its terms.

Patient or Responsible Party

Date