

Name:

Date:

NuStart Office and Financial Policy

Thank you for choosing **NuStart** as your health care provider. We are committed to quality patient care at the lowest possible cost. The following is a statement of our office and financial policy that we require you to read and sign prior to any services being rendered.

Please be aware that some, and perhaps all, of the services provided may be noncovered services that are not considered reasonable and necessary by your insurance carrier.

Important Patient Office Policy Information

In order to better serve our patients and make each visit as efficient as possible, we ask all patients to make note of the following prior to their scheduled visit:

Appointments:

Please arrive at least 15 minutes before your scheduled visit to update any and all insurance and/or personal information. Remember to bring all medications you are currently taking, in prescribed containers, to each visit. Please be aware that we cannot use a patient's scheduled office visit to treat or examine accompanying family member(s). Urgent or same-day appointments may be requested and will be scheduled based on physician availability. Procedures will not be performed on the same day as a normal office visit. In consideration of other patients with appointments we may reschedule your appointment if you arrive late to your scheduled appointment.

Test and Lab Results:

If you have had labs or tests done and do not receive a call from NuStart within one week of having lab/tests performed, you are responsible for contacting our office to determine your test results. Unfortunately, we are not able to track when or if an individual patient has tests done. And, while the testing facilities make every effort to forward a copy of your test results to your doctor, we do not always receive them. The laboratory responsible for processing has advised it takes a minimum of 24 hours to process upon receiving the sample. Once results are obtained, it takes another minimum of 24 hours for the physician to review the results and make recommendation if needed. Please allow our office a minimum of 72 hours to obtain and review results.

Medications:

For your safety, all medications taken on a regular basis for a chronic illness require regular follow-up visits before they can be refilled. Office visits are required for prescription and refill requests for antibiotics, pain medications, and other controlled substances. On-call providers cannot order refills for these medications after regular office hours. We are happy to provide our patients with medication samples when available and appropriate. However, we will only be able to dispense samples of medication at an office visit either with the physician or office nurse unless pre-arranged with the office nurse and approved by the physician. We are also limited in the amounts that we can give in order to be able to provide samples for as many patients as possible.

Worker's compensation:

We are not contracted for Workers Compensation Claims. You are responsible for payment in full at the time of service. We will provide you with the necessary receipts to turn in to your employer.

Mortor vehicle accidents (MVAs):

Because MVAs are not covered by Health Insurance, and because we are not a party to your auto insurance contract, you (the patient) are expected to pay for the mva related visit in full at the time of service. You can turn your receipt into your auto insurance agent for reimbursement.

Medical Weight Loss:

NuStart offers medical weight loss services to qualifying patients. Your insurance plan may not cover all of the services provided under NuStart's medical weight loss program. Please see NuStart's Weight Loss Program Policy for payment details on non-covered medical weight loss services.

Financial Responsibility:

Insurance is a contract between you and your insurance company. We are NOT a party to this contract. We will bill your insurance companies as a courtesy to you. If your insurance company delays payment or refuses to pay, you are responsible for the FULL AMOUNT due. If/when your insurance company does pay, we will promptly refund any money owed to you. If you have questions regarding coverage, please call your insurance company first. We receive an EOB (Explanation of Benefits") for each encounter. You will receive an EOB (Explanation of Benefits) directly from your insurance company. If you notice they have not paid and you do not understand why, please call them immediately for clarification. Any balance not paid by your insurance company becomes the patients responsibility.

Secondary insurance:

NuStart will bill secondary insurances. Please notify our front staff which insurance company is primary.

Co-pay:

It is your responsibility to know if you are required by insurance to pay a co-payment. Insurance required co-payments are due at the time of service. If NuStart must bill you for the co-pay because you fail to pay at the time of service, a \$15 fee will be applied. Payment may be in the form of cash, check, VISA or Mastercard.

Monthly statement:

If you have a balance on your account that is no longer pending with an insurance company, we will send you a Patient Statement. It will detail your balance due. Payment is expected within 15 days. IF YOU HAVE ANY QUESTIONS ABOUT YOUR BILL, PLEASE CALL THE OFFICE at 260-563-0700.

Past due accounts:

After we have made reasonable attempts to collect on a past due account, we may turn any uncollected balance over to a collection agency. You will be responsible for any collection costs which are incurred. In addition, if the collection agency decides to litigate, the fact that you received treatment in our office may become a matter of public record. Failure to pay charges owed, after reasonable attempts have been made by NuStart to collect on past due accounts, will

result in termination from the practice.

Special fees:

Forms to be Completed:

We are asked frequently to prepare letters, sign forms, rewrite prescriptions due to changes in insurance or pharmacy benefit plans, provide medical documentation for FMLA, disability qualifications, etc. We are happy to assist you in these requests, but we will ask patients/responsible parties to assume financial responsibility within the scope of an office nurse visit for prescription related actions (this may be billed to your insurance company and a co-pay may apply), or prepayment for forms and medical summaries not completed during an office visit. We reserve the right to charge for the following services and to change the fees anytime without prior notice:

- FMLA & Miscellaneous forms \$45.00
- Copying medical records \$30.00
- Returned Checks \$75.00
- Missed Appointments \$45.00

Participating insurance plans

For those plans with which we are participating providers, all co-pays and deductibles are due at the time of service. To properly bill your insurance company and avoid untimely delays, we require that you provide us with accurate insurance information and allow us to maintain a copy of your insurance card on file. In the event that your insurance coverage changes to a plan with which we do not participate, refer to the following paragraph.

Nonparticipating plans

For those plans with which we do not participate, we do not accept assignment of insurance benefits and we do not bill your insurance company. Payment by cash, check or charge (VISA or MasterCard) is expected at the time of service. Your policy is a contract between you and your insurance company.

Minors

A minor must be accompanied by a guarantor for his or her account (the parent or guardian of the minor or other adult accompanying the minor during each visit). An unaccompanied minor will be denied non-emergency treatment unless charges have been pre-authorized to an approved credit plan or insurance plan.

Authorization to pay benefits to physician/clinic

I hereby assign payment directly to **NuStart** for medical and/or surgical benefits, if any, otherwise payable to me for services provided at the clinic (not to exceed my indebtedness to the clinic for those services). I understand that I am financially responsible for charges not covered by my insurance.

Authorization to release information

I hereby authorize **NuStart** to release any information acquired in the course of my examination or treatment to my referring physician and/or my insurance company.

Acknowledgement

I have read and understand the above Financial Policy and Benefit Authorization and agree to all provisions outlined herein.

Signature of patient or responsible party

Date