

**RIVERSIDE SURGICAL ASSOCIATES, INC. FINANCIAL POLICY**

The physicians and staff of Riverside Surgical Associates, Inc. appreciate the confidence you have placed in us and hope you feel as comfortable as possible knowing you will receive the highest quality of care available.

The following is being provided to help you have a clear understanding of our office’s policy as it relates to your financial obligations. If you should have questions or concerns regarding our financial policy, please feel free to discuss them with our Practice Manager or billing specialists.

Please remember that health insurance is a contract between you and your insurance company. Insurance companies differ in coverage, co-pays, deductibles, and their payment schedules.

*Co-pays are due and payable at the time of your visit. (This includes patients with Medicare Advantage plans that have a co-pay)*

*Depending on your insurance policy, you may be asked to make a payment prior to your scheduled surgery to cover your deductible and/or co-insurance.*

If you have traditional Medicare, Medicaid or Worker’s Compensation, you will not be billed until after your claim for services has been processed by your insurance carrier. If you have traditional Medicare, make sure that you have Part B benefits. Part A only pays for the hospital’s services.

Contact your insurance carrier to see if they require a referral/authorization to see a specialist. If a referral/authorization is required, it is your responsibility to obtain this. Obtaining an insurance referral means that your primary care physician has to contact your insurance company to get your visit/procedure authorized prior to your being seen.

Patients with a pre-existing condition clause on their insurance policy are responsible for obtaining the information their insurance carrier requires to determine if the illness/injury for which we are treating you is going to be a covered expense. If your insurance carrier determines that the illness/injury we are treating you for is pre-existing, or you wish to proceed with your surgery prior to their determination, you will be responsible for 100% of our fees prior to the procedure being performed. The same applies for patients with industrial injuries (Worker’s Compensation). Until your claim is approved for the condition we are treating you for, you will either be treated as a self-pay patient or you need to utilize your personal health insurance.

Riverside Surgical Associates, Inc. will submit your claim(s) to your primary and secondary insurance carrier(s). In the event your insurance carrier disputes a claim (i.e. for coordination of benefits, pre-existing review, patient not covered at the time of service, etc.) you are encouraged to contact them if you believe they should pay for the services, or call us to set up payment arrangements.

You are personally responsible for full payment of your fees regardless of insurance coverage and regardless of their delays in payment of your claims. We are happy to help you with problems, but we cannot assume responsibility for negotiating settlements on disputed claims.

In the event that an overpayment exists on your account, we will issue a refund in the form of a check.

Riverside Surgical Associates, Inc. charges a \$15.00 processing fee for the completion of each disability and/or FMLA form. Payment is expected prior to the release of the forms.

Payment arrangements on unpaid balances may be made by calling our billing department at: (614) 261-1900 Option#3. Delinquent balances on your account may be transferred to our collection agency for further action, if no payment arrangements have been made with our office or our collection efforts have failed.

Riverside Surgical Associates, Inc. accepts Cash, Personal Checks, Debit Cards, Money Orders, Travelers Checks, MasterCard, Visa and American Express for services rendered.

We are members of various health plans. Please confirm your insurance coverage and verify that the physician you are seeing is a participating provider for your plan prior to your office visit.

I have read and understand the Financial Policy of Riverside Surgical Associates, Inc. I agree to all the terms of this Policy.

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Print Patient’s Name

\_\_\_\_\_  
Patient or Guarantor’s Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Guarantor’s Name (if other than patient)

\_\_\_\_\_  
Patient Relationship to Guarantor