



**adams**

MEMORIAL HOSPITAL

*Member of Adams Health Network*

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Decatur, IN 46733

**p: 260 724 2145**

**[www.adamshospital.org](http://www.adamshospital.org)**

## **PATIENT FINANCIAL POLICY**

Adams Memorial Hospital thanks you for putting your trust in us as your health care provider. Our objectives are to provide you with the highest quality health care in the most cost-effective manner and to have a successful physician-patient relationship with you and your family. The ability to achieve these objectives depends greatly on your understanding of our financial policy.

### **Insurance Billing**

As a courtesy, we will verify your benefits and file insurance claims on your behalf if you provide us with proof of insurance to include your current insurance card indicating coverage, identification number and group number. In the event you have insurance coverage, but cannot provide documentation, payment is due at time of service. Upon receipt of the insurance card, we will submit the health insurance claim form indicating patient payment at time of service.

Secondary insurance claims will be filed with secondary insurance if adequate information is received at the time of service. However, if secondary insurance payment is not received in our office within 45 days after filing, the responsibility will be transferred to the patient and due upon receipt.

If no insurance is to be filed by us, or if we are not a participating provider in your insurance plan, full payment is expected at the time of service.

Children under the age of 18 will require the signature of a responsible party on the registration form.

At your initial visit and annually thereafter, you will be asked to complete/update a patient information form. A signature by the responsible party is required.

Please bring your insurance card(s) with you to every visit. We want to help you receive the maximum allowable benefits from your insurer and in order to do so, we must have accurate and complete insurance information on file for you at each visit.

It is your responsibility to understand what services are covered under your policy and which providers participate in the plan or network you have chosen.

Payment in full of your co-pay, deductible, and non-covered services, are required at time of service. If you cannot pay your co-pay, you may be asked to reschedule your appointment and/or a \$10.00 administrative fee will be added to that service date to cover the extra expense of preparing and sending out a bill.

Many HMO/Managed Care plans require you to obtain a referral from your referring physician prior to seeing a specialist. It is your responsibility to obtain this referral if required. Without a referral, your appointment may be rescheduled. A waiver stating you accept financial responsibility for your account balance must be signed if your insurance company cannot verify coverage of a specific service or if you do not have the necessary referral from your insurance company.

As a participating provider of Medicare Part B (Physician Services), Adams Memorial Hospital will only bill you for your Medicare coinsurance, deductible, and any services rendered but not covered by Medicare. All other services will be billed directly to Medicare. If you have Medicare Part A only, then the services you receive from our practice will not be covered by Medicare.

Note: You will be informed of services not covered by Medicare prior to these services being rendered. Your signature upon the appropriate Medicare Advanced Beneficiary Waiver form represents your authorization for the physician to perform these services and your acceptance of the financial responsibility for these services.

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Your insurance company may contact you directly by mail for additional information prior to your claim getting paid. It is your responsibility to provide the information timely so that payment from your insurance company is received timely. Failure on your part to comply with your insurance company's request for additional information will result in denial of your claim(s) getting paid and can cause your account to become delinquent and could result in collection proceedings against you.

You should receive a response from your insurance company within 30 to 45 days. This will be in the form of an EOB letter (Explanation of Benefits) sent to you at the address your insurance company has on file for you. If you do not receive this in a timely manner, we encourage you to contact your insurance company for the status of the claim. Doing so will help insure your claim(s) are paid timely and will help you avoid problems with your account.

In the event your insurance company inadvertently mails payment for our services to you instead of our office, we would expect that you would endorse the check and return it to our office for processing of the payment and credit to your account immediately.

### **Self-Pay**

If no insurance information is provided at the time of service, your account will be considered self-pay and payment is due on that service date. We require all new patients, who do not have insurance, to pay by cash, credit card, or money order for their first and subsequent visits.

Self-pay patients, not covered by any insurance policy or third party, may receive a discount for all services rendered when payment is made in full at the time services are rendered (due to incurring less administrative costs such as preparing claim forms or mailing billing statements).

### **Workers' Compensation**

If you are being seen for a work-related injury, we will need documentation from your employer to confirm they want the visit to be considered under worker's compensation with instructions on how to bill for your services. If we do not receive this, you will be responsible for payment of the services at the time services are rendered. We must have your caseworker's name, phone and fax numbers and authorization for specified visit(s) prior to your appointment.

### **Other Fees**

Returned Check Fee: \$45.00 plus the check amount

Forms: The fee for completing forms such as disability or Family Medical Leave is \$30 for the original form and \$10 for each additional form.

Failure to cancel appointment fee: If you do not advise us of your inability to keep your appointment 24 hours prior to your appointment - we may assess you a \$50 fee for the missed appointment since another patient was not able to be seen in that time period. New patients will be asked for credit card information at the time of scheduling in order to assess this charge, if necessary.

### **Payment Options**

Acceptable methods of payment include cash, check, VISA and MasterCard. Checks, Visa, and MasterCard payments may be accepted over the telephone or you may pay your bill online with Visa or MasterCard at <https://adamshospital.org/MyHealth.php>

Your health insurance benefit is a contract between you and your insurance carrier. Therefore, the obligation to ensure payment is with you. As such, you are contractually obligated to pay your co-pay at the time of your office visit.

You may contact our billing department at 260-728-3802 if you have questions or need assistance.

In the event of an overpayment of your coinsurance or deductible, a refund will be processed within 30 days of receipt of the Explanation of Benefits from your insurance company.

Services not covered by insurance or balances remaining after the insurance has processed the claim are the responsibility of the patient and are due immediately.

Patient statements are mailed on a monthly basis. If you do not receive a statement, please call the Customer Service department at 260-728-3802.

Accounts with past due balances greater than 90 days old from the date of service are at risk for collection proceedings. We value our patients and make every attempt to work with them. However, when a patient makes no attempt at payment or communication with us, we have no alternative but to initiate collection proceedings which may include one or all of the following: forward the account to an attorney, proceed to small claims court, garnishment of wages, reports filed with the three major credit bureaus or turn the account over to a collection agency. Any of the options mentioned can significantly and adversely impact your credit rating. You are responsible for any collection costs, attorney fees, and/or court fees.

If you find that you are unable to meet your financial obligation to Adams Health Network, payment arrangements can be made. Please contact our billing office to make payment arrangements. You can call 260-728-3802 to make these arrangements or to arrange a payment over the telephone.

**ACKNOWLEDGMENT OF RECEIPT:** I have read, understand and agree to the financial policy.

\_\_\_\_\_  
Patient/Guarantor Signature

\_\_\_\_/\_\_\_\_/\_\_\_\_  
Date

\_\_\_\_\_  
Patient/Guarantor Printed - (please print your name)

