Anesthesia Pain Consultants of Indiana
8240 Naab Road, Suite 101
Indianapolis, IN 46260

PATIENT FINANCIAL POLICY

Anesthesia Pain Consultants of Indiana 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. However, 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 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.** Payment arrangements are established via approval of the Physician/Office Manager and a signed Payment Agreement.
- 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.
- 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.
- ***Our practice will not bill auto insurance companies, attorneys, or any third party liabilities for any medical services you receive.*** You will need to pay for your services at the time of your visit and we will provide you an itemized receipt that you may present to the auto insurance company or attorney to get reimbursed.
- ***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 and deductible, you may be asked to reschedule your appointment and/or a ***$20.00 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 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), Anesthesia Pain Consultants of Indiana 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 Waiver form represents your authorization for the physician to perform these services and your acceptance of the financial responsibility for these services.
- ***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.***

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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 occurring less administrative costs such as preparing claims 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 and 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:** *$35 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. Visa and MasterCard payments may be accepted by phone or fax, or you may pay your bill online at pay.instamed.com. To pay online you will be asked to enter InstaMed Payment ID: APCI.

- 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 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.
- ***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 may contact our billing department at 317-471-1400, ext.120 if you have questions or need assistance.
- In the event of an overpayment of your coinsurance or deductible, a refund will be processed within 14 days of receipt of the Explanation of Benefits from your insurance company.
- Patient statements are mailed on a monthly basis. If you do not receive a statement, please call the billing department.
- 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.
- 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 past due 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 a credit rating.

- If you find that you are unable to meet your financial obligation to Anesthesia Pain Consultants of Indiana, payment arrangements can be made. Please contact our billing office ASAP to make payment arrangements. You can call 317-471-1400, ext. 120 to make these arrangements or to arrange a credit/debit card payment by phone.
- Patients can choose between options to pay for their outstanding balances. With either option, co-pays and deductibles will be collected at the time of the visit.

Please check which option you would prefer:

1. ☐ **No Statement Option**:
   - With this option, you will be asked for a credit card number at the time you check in and the information will be held securely via InstaMed. Instamed is a real-time payment processor for healthcare. InstaMed has the same high level of security that U.S. banks and financial institutions are required to have. InstaMed is compliant with HIPAA, EHNAC and PCI standards and continually undertakes independent audits to insure that it maintains and exceeds the highest security and operational standards for the healthcare and financial industries. InstaMed is payment card industry level one certified for bankcard, ACH and other payment transactions.
   - Once we receive an explanation of benefits from your insurance company, any remaining balance owed by you will be charged to your credit card and a copy of the charge receipt will be mailed to you.
   - With this plan, you will not receive any statements and will not have to write out and mail checks. It will greatly decrease the number of statements that we generate and send out which is more eco friendly and better for the environment.
   - For the "No Statement Option" please complete the Credit Card Payment Policy Form included in this financial policy.

FOR THE "NO STATEMENT CREDIT CARD PAYMENT OPTION"-PLEASE COMPLETE & SIGN BELOW

Name as it appears on the credit card: _____

Cardholder Address: _____
Street Address City State Zip

Card Type: MC VISA Card Number: _____ Expiration Date: _____

3 Digit Security Code: _____

I hereby authorize Anesthesia Pain Consultants of Indiana to store my credit card account information on file with InstaMed. I authorize Anesthesia Pain Consultants of Indiana to charge to my credit card account payments for the costs of all services provided to me while I am a patient of Anesthesia Pain Consultants of Indiana, that insurance does not cover, to include co-insurance, insurance deductibles, fees for missed appointments, returned check fees, form fees, or other services or fees that I incur that my insurance does not cover. I understand that my card will only be charged for the amount of services for which payment is not received by Anesthesia Pain Consultants of Indiana, after receipt of an Explanation of Benefits (EOB) from my health insurance company or other entity, or for fees incurred by me for missed appointments, returned checks, or form fees.

I hereby authorize Anesthesia Pain Consultants of Indiana to store my credit card account information with InstaMed for the sole purpose of processing payment for services provided by Anesthesia Pain Consultants of Indiana.

I hereby authorize Anesthesia Pain Consultants of Indiana to retain my credit card information for future billing purposes.

I understand that this form is valid until I cancel it through a written notice to Anesthesia Pain Consultants of Indiana.

Cardholder's Signature Date

2. ☐ **Monthly statements:**
   - With this option, we will send you a monthly statement. The statement is generated after we have received an explanation of benefits from your insurance company. The payment of this balance is due 15 days from the statement's date.
   - Payment can be made by cash, check, money order, MasterCard or Visa, or you may also pay online at ***pay.instamed.com. You will need to enter an InstaMed Payment ID: APCI.***
   - If you fail to pay the full balance by the statement due date, an interest charge may be added to your account. The interest we may charge is 10% per year or .83% monthly on patient responsibility balances.
   - Delinquent accounts may be referred to a collection agency. Lack of payment may result in dismissal from the practice.
   - In the event an account is turned over for collection, the person financially responsible for the account will be responsible for all collection costs including reasonable attorney fees and court costs.

Signature requested here to indicate that you have read, understand and accept the terms of the financial policy and you agree to authorize assignment of your insurance rights and benefits directly to the provider for services rendered. You fully understand you are solely responsible for any balance not paid by your insurance company.
***I hereby authorize assignment of my insurance rights and benefits directly to the provider for services rendered. I fully understand I am solely responsible for any balance not paid by my insurance company*. Thank you.**

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Patient/Guarantor Signature **Date**

Signature requested here to allow us to appropriately handle your insurance claims.
I hereby designate Anesthesia Pain Consultants of Indiana and its employees and agents to act as my representative to file grievances with my insurance company and to represent me with regards to claims, benefits, and other matters that may arise in accordance with the Indiana Code, Title 27, Chapters 8, and 13.

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Patient/Guarantor Signature **Date**