

BARRY A. NELMS, M.D., P.A.
Financial Policy

TO assist this office in processing your financial account, Please:

- Supply all necessary information for the accurate billing of your claim. This includes your *current* insurance card, employer information, and correct demographic information. If correct and updated information is not supplied, any balance will be patient responsibility.
- Satisfy all insurance co-payments, co-insurances, and deductibles at the time of service.
- Provide your insurance company and this office with any additional information requested to complete the processing of claims filed on your behalf. If the time limit is exceeded and payment denied, responsibility for payment is full is the guarantor.
- Authorize release of information necessary for insurance filing and precertification (see below).

REGARDING INSURANCE:

CONTRACTED MANAGED CARE PLANS (HMO, PPO, POS, EPO)

Each time you make an appointment with Dr. Nelms, it is your responsibility to make sure he is currently under contract with your managed care plan. Verification of coverage and benefits may be required. Often this verification requires us to share the reason for your visit. *Please plan to show your current insurance card at each visit.*

If the services you receive are covered by the plan, all applicable co-payments and deductibles are requested at the time of service. If the services you receive are not covered by your plan or Dr. Nelms is out of network, payment in full is required at the time of visit.

If you need a referral to see Dr. Nelms, it is your responsibility to keep track of the expiration dates and for insuring the referral is in our office a minimum of 2 business days prior to your appointment. If a referral is expired or one is not obtained, you will be responsible for payment in full for services rendered.

MEDICARE PLANS:

If Medicare should determine you are not eligible for coverage or that the service is not covered, the patient is responsible for payment.

If you have traditional Medicare and have not met your deductible, payment of that deductible is due at the visit.

If you have traditional Medicare as a primary and also a secondary or Medigap, no payment is due at the time of service, but you will be billed and liable for any balance from either insurance.

If you have traditional Medicare without a secondary, you will be expected to pay your 20% co-payment at the time of visit.