



MERCY MEDICAL ASSOCIATES - KY
OFFICE FINANCIAL POLICY

Our goal is to maintain and develop strong relationships between our physicians and patients through good communication. Sharing these office financial policies in advance should help you maximize your insurance coverage and help prepare you for requirements in making appointments, payments, and referrals. We hope that making you aware of our office policy in advance helps you clearly understand your responsibilities as we work with you to address your health needs. Please read this carefully. If you have any questions, do not hesitate to ask a member of our staff.

Insurance Cards

- At every visit, first please sign in and present your current insurance card.
IF THE INSURANCE COMPANY THAT YOU DESIGNATE IS INCORRECT, YOU WILL BE RESPONSIBLE FOR PAYMENT OF THE VISIT AND FOR SUBMITTING THE CHARGES TO THE CORRECT PLAN.
- If we are your primary care physician, make sure our name or phone number appears on your card.
- If your insurance company has not been informed that we are your primary care physician as of the date of your office visit, you are responsible for any and all co-payments, deductibles and co-insurances.

Insurance Coverage

It is your responsibility to understand your benefit plan.

- It is your responsibility to know what services are covered, if a written referral or authorization is required to see us as a specialist, and/or if preauthorization is required prior to a procedure.
- Before making an annual physical appointment, please check with your insurance company to see if the visit will be covered as a healthy visit. Not all plans cover annual wellness visits or hearing and vision screenings. If it is not covered, you will be responsible for payment at the time of visit.
- Not all services provided by our office are covered by every plan. Any service determined to not be covered by your plan will be your responsibility.
- Advance notice, typically 3 to 5 business days, is needed for all non-emergent referrals. Remember, your primary care physician must approve referrals before being issued. It is your responsibility to know if a selected specialist participates in your plan.

Payments

- If our physicians do not participate in your insurance plan, payment in full is expected from you at the time of your office visit.
- If you have no insurance, payment for an office visit is to be paid at the time of the visit.
- Co-payments are due at time of service.
- If you participate with a high deductible health plan, we require a copy of the health savings account debit/credit card or a personal credit card to keep on file. In this case, there are addenda to this financial policy which are signed separately.

Fees

- We require 24 hour notice for canceling any appointments. You may be subject to a cancellation fee if a 24-hour notice is not given.
- \$25 plus bank fees will be charged for any returned checks.
- Fees will be charged to fill out forms. (Approximate fee is \$35 per form, but please ask a staff member for definite fee amount.) Payment is due when the forms are dropped off. There is a 3 to 5 day turnaround time for form completion.