



Thank you for choosing Bloomfield Hand Specialists as your medical provider. We are committed to you and the success of your treatment. We request you read and sign the following financial policy. Please feel free to ask any questions regarding our policy.

Insurance: We participate in most insurance plans. We will only accept assignment of benefits with insurance plans with which we participate. Please provide all your insurance information necessary for us to bill your insurance carrier. Any remaining balances (copayments, deductibles, or non-covered services) are your responsibility.

Claims Submission: We will submit your claims and assist you in any way we reasonably can to help get your claims paid. Your insurance company may need you to supply certain information directly. It is your responsibility to comply with their request. Please be aware that the balance of your claim is your responsibility whether or not your insurance pays your claim.

Co-payments and Deductible: All co-payments must be paid at the time of service. This arrangement is part of your contract with your insurance company.

Proof of Insurance: We must obtain a copy of your driver's license and current valid insurance information to provide proof of insurance. If you fail to provide us with the correct insurance information in a timely manner, you may be responsible for the balance of the claim.

Coverage Changes: If your insurance changes, please notify us before your next visit so we can make the appropriate changes to help you receive your maximum benefits.

Non-Covered Services: Please be aware that some of the services you receive may be non-covered or not considered reasonable or necessary by Medicare or other insurers. You must pay in full for these services at the time of your visit.

Referrals: If you have an HMO plan with which we are contracted, you need a referral authorization from your primary care physician. If you are unable to obtain the referral by the time of your visit, you will be rescheduled. If you choose to keep the scheduled appointment without a referral, you will be responsible for full charges to be paid that day and also sign a waiver.

Worker's Compensation: We require written approval/ authorization by your employer and/or worker's compensation carrier prior to your initial visit. Without the authorization, your appointment will be rescheduled until written authorization is obtained.

Methods of Payments: We accept payment by cash, check, VISA, MasterCard, and Discover.

Non-Payment: The balance on your statement is due and payable when the statement is issued. Any account with a balance which has not had a payment made monthly, may be charged a billing fee. Any account over 120 days old without payment arrangements or monthly payment activity may be turned over to a collection agency. Payment plans can be arranged in certain circumstances. Please discuss this with the Office Manager.

I have read and understand this financial policy:

PRINTED NAME:
SIGNATURE OF PATIENT OR RESPONSIBLE PARTY:
DATE:

Original: Patient
Copy: BHS