



*Good Samaritan Hospital*  
*Surgery*

## Financial Policy

Thank you for choosing us as your medical care provider. We are committed to providing you with quality and affordable health care. Because some of our patients have had questions regarding patient and insurance responsibility for services rendered, we have developed this payment policy. Please read it, ask us any questions you may have, and sign in the space provided. A copy will be provided to you upon request.

- 1. Insurance.** We participate in most insurance plans, including Medicare. Always bring your insurance card with you when you come in for a visit. If you are not insured by a plan we do business with, payment is expected at each visit. If you are insured by a plan we do business with, but don't have an up-to-date insurance card, payment in full for each visit is required until we can verify your coverage.
- 2. Co-payments and deductibles.** All co-payments and deductibles must be paid at the time of service. This arrangement is part of your contractual agreement with your insurance company. Please help us by paying your co-payment at each visit.
- 3. Acceptable forms of payment.** We accept cash, check, money order, Visa and MasterCard. A fee of \$30 will be assessed for each personal check returned by your bank as *non-sufficient funds*.
- 4. Referrals.** It is your responsibility to know whether your insurance carrier requires a referral and to bring it with you at the time of service. If you don't bring a needed referral, we will ask you to sign a Referral Waiver if you want to receive services that day. If you are not able to supply a referral from your primary care physician within five business days, you will be responsible for full payment for the service.
- 5. Non-covered services.** Please be aware that some of the services you receive may be *noncovered* or *not considered reasonable or necessary* by your insurance company. The fact that the insurance company doesn't cover the service doesn't mean that you don't need it. Your doctor will explain why he or she thinks that you can benefit from a service or procedure. If you elect to have the non-covered service, you must pay at the time of visit. Knowing your insurance benefits is your responsibility. Please contact your insurance company with any questions you may have regarding your coverage.
- 6. Medicare patients:** If we believe you are receiving a service that Medicare considers not reasonable or necessary for your condition, you will be notified in writing on a form called an Advance Beneficiary Notice (ABN). This will provide you the opportunity to decide if you will proceed with the service ordered. This process is required by Medicare and preserves your right to appeal their decision.
- 7. 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 company pays your claim. Your insurance benefit is a contract between you and your insurance company; we are not party to that contract.
- 8. Coverage changes.** If your insurance coverage changes, please notify us before your next visit so we can make the appropriate changes to help you receive your maximum benefits.

