

Martin D. Rudloff MD, PC
851 East Fifth Street, Suite 124 * Washington, MO 63090
Phone (636) 390-8880 * Fax (636) 390-8886

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Financial Policy

Whether you are new to Dr. Martin Rudloff's office or we have had the pleasure of serving you over the years, we would like you to be aware of our Financial Policy. When you or your family member has a medical need, we are happy to participate in the care. When you utilize our services, you are responsible for the costs incurred. Understanding our Financial Policy is an essential element of your care and treatment. If you have additional questions, please feel free to discuss with our staff.

Dr. Martin Rudloff, MD, PC participates in many health insurance plans and managed care programs but our agreement to provide services is with you. It is your responsibility to understand the provider participation, benefits and limits of your plan coverage. Dr. Martin Rudloff, MD, PC will file claims for payment to primary and secondary insurance plans. You are responsible at the time of service for payment of co pays, non-covered amounts, estimated co-insurance/deductible amounts and prior balances. Patients insured with plans not accepted by Dr. Martin Rudloff, MD, PC are responsible for payment in full at the time of service. Payments are expected at the time of service for uninsured patients unless payment arrangements are made in advance. Please make Dr Rudloff aware at the time of the visit if you have no insurance or a financial hardship.

At each visit, you will be asked to provide:

- A current insurance card
- Photo identification
- Updated demographic information
- Payment or patient responsible amounts described above
- Any required referral or insurance authorization (back dated referrals will not be honored)

Accidents and Injuries:

Accidents and injuries as a result of vehicle accidents or public liability are considered the personal responsibility of the patient and are to be paid promptly.

Minors:

Patients under 18 years of age must be accompanied by a parent or legal guardian. If this is not possible, an adult who has obtained written consent from the parent or legal guardian may accompany the minor and is responsible for the payment of any amounts due for services (co pays, coinsurance, deductibles, non-covered services and prior balances). If a provider's office agrees in advance, an unaccompanied minor may present for care with a signed authorization from the parent or guardian.

Divorce:

In cases of divorce or separation, the party responsible for the account prior to the divorce or separation remains responsible for the account. After a divorce or separation, the parent authorizing treatment for a child will be the parent responsible for the charges regardless of provisions in the divorce decree.

Payment Methods: cash, check, money order, or credit card (Master card or Visa)

Remaining Balances:

The amounts due after insurance pays- are billed to the patient/responsible party and due upon receipt. We realize that temporary financial difficulties may affect timely payment of your account. If such problems do arise, we ask that you contact our staff for assistance in your account.

Collections:

If it becomes necessary to seek outside collection agency/legal assistance for balance collection, any and all additional costs associated with the collection of the debt will become part of the balance due. When accounts are submitted to outside entities for collection, certain information related to your treatment must be disclosed. Venue for any legal action shall be Franklin County, Missouri. Patients are subject to dismissal from the practice for failure to honor the financial obligation made by requesting and receiving services.

Appointments:

To ensure appointments are available for patients when needed- a missed appointment policy has been established.

- Office visits require a 24 hour notice of cancellation.
- Missed office appointment fees are \$10.00.
- Missed appointment fees are not covered by insurance.
- To avoid a missed appointment fee, please provide cancellation notice in advance.
- If three appointments have been missed within one year, the family may be discharged from the practice.

Additional Fees:

- **Copayment Billing Fee:** Copayments are due at the time of service or up to 30 day period to pay co pay. After a 30 day period if no payment provided a \$10 billing fee will occur. This amount is not payable by insurance.
- **Medical Records Fees:** Copies are provided on a fee based on the guidelines of the State of Missouri and is payable to Dr. Martin D. Rudloff MD, PC upon filling out the "transfer record" form to our office. There is no fee for records sent to another physician **for specialized care** referred by Dr. Martin Rudloff MD, PC.
- **Outside Fees:** Fees for services provides by labs, hospitals, medical equipment providers, and radiologists are not included in bills from Dr. Martin Rudloff MD, PC.
- **Returned checks:** All returned checks will incur a \$30 fee. If there are multiple returned checks, future payments will be required to be by cash, cashier's check or credit card.
- **Form Completion:** A fee is charged for the completion of forms not done in conjunction with an office visit. The fee is based on the type of form and time needed to complete. Consult the office staff for fees based on form type.

Insurance Information:

No Insurance/No Insurance Card: The patient or guarantor will be required to sign a financial responsibility statement if there is no insurance or the current insurance card is unavailable at the time of service.

- **Correct Insurance Information:** Insurances require us to file claims within a certain time frame. If incorrect insurance information is provided at the time of service and the insurance denied payment, the charges become the responsibility of the patient or guarantor. Corrected insurance information received after the timely filing deadline will not be accepted.
- **Arrangements:** If your insurance requires use of specific laboratories, please inform our staff before the service is provided.
- **Insurance Requests:** Insurances may need additional information for the patient or member. Failure to comply with their requests in a timely manner will result in a shift of the financial responsibility from the insurance to the patient/responsible party.
- **Referrals:** Patients requesting referrals should allow 48 hours for the request to be processed.
- **Newborns:** Reminder to expectant or new patients that the newborn should be added to your insurances plan as soon as possible after delivery. Contact your insurer or employer as this should be done before your infant is 30 days old. It is your responsibility to notify us of the coverage specifics and effective date.
- **Medicaid recipients:** If a Medicaid recipient also has private insurance coverage, we are required to bill the private insurance carrier.

Preventive versus Problem- Focused visits

Preventive or Well Visit- is when a healthy patient is seen to screen for various illnesses and diseases.

Problem-Focused Visit or "sick visit"-is one where the patient has a specific concern, symptom, complaint or disease to monitor.

- The reason for the visit is set at the time of service. It cannot be changed or resubmitted—ie a child seen for a well visit and submitted to the insurance company cannot be resubmitted.
- Services are provided at the same visit, a provider is to bill both services to accurately represent the services provided during the visit. This is required by some insurance companies.
- Some insurance carriers only provide benefits for prevention while others may only provide benefits for problems. We recommend you contact your insurance carrier prior to your visit and inquire about the types of benefits you have. This should be communicated to your doctor at the time of service.
- We are sensitive to the financial burden this may place on some of our patients; however, neither our providers nor staff can misrepresent your non-covered service in an effort to obtain reimbursement from your insurance company as it is considered fraudulent.
- Our providers recommend care based on the patient's best interest which is independent of insurance coverage issues. There may be instances when recommended care is not paid by an insurance carrier or payment is limited based on the level of benefit coverage in a specific insurance policy.

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Financial Statement Acknowledgement and Agreement

All patients and/or responsible parties are required to acknowledge their understanding and agreement to comply with this Financial Policy Agreement by signing below. If there are additional questions, please feel free to ask our office staff.

I have received and agree to abide by the financial policy of Dr. Martin S. Rudloff, MD, PC

Patient Name (please print) _____

Today's Date _____

Patient Date of Birth _____

Signature of Patient/Responsible Party _____

Printed Name (if other than Patient) _____

Relationship of Patient _____