



Financial Policies of Diagnostic Clinic

Thank you for entrusting Diagnostic Clinic to serve your health care needs ! Please review our financial policies carefully.

Should you have any questions, please allow us to assist you by:

- ***Calling Patient Financial Services at 727-581-5300***
- ***Visiting Patient Concierge Services while at the Clinic***

How should I prepare for a visit?

- Plan to arrive at least 15 minutes prior to your visit for check in and registration.
- Be prepared to present your up to date insurance card(s) at every visit.
- Have a means of paying for any balance that is the patient's responsibility (including co-pays, deductibles, or previous account balances).

Who is financially responsible for my bill ?

- Most patients have health insurance but this is a contract between you and your insurer.
- We are pleased to file claims with your insurance company but **you** are personally financially responsible for health care services provided to you by Diagnostic Clinic and its staff.

If I Have Insurance, Why Do I Have a Bill?

- Diagnostic Clinic will make an effort to advise you about services we provide for which you may be financially responsible.
- However, it is possible that your insurance will not cover all services recommended.
- Additionally, even when covered, we cannot guarantee that you will not have significant personal financial responsibility due to deductibles, co-payments, and co-insurance.
- ***If your insurer does not pay your claim within 60 days of its submission, Diagnostic Clinic will seek and expect payment directly from you since you are personally financially responsible for health care services provided to you by Diagnostic Clinic and its staff.***
- Further discussion with the insurer becomes your responsibility.

When am I supposed to pay my bill?

- Payment of out-of-pocket expenses is expected at time of service, including:
 - Deductibles
 - Co-payments
 - Co-insurance (the part of your bill that is patient responsibility)
 - Payment for services not covered by your insurance
- Be prepared to make co-payments prior to your visit.
- Additionally, we may request payment of deductibles, co-payments, and / or co-insurance for expensive testing ***prior to scheduling.***

How do I know if my services will be covered by insurance?

- All services are recommended based on medical need (not insurance coverage).
- We will attempt to verify your insurance eligibility, benefits coverage, and even pre-certify services when necessary. We will try to make you aware of our findings.
- If you have any questions about insurance coverage, please get them answered ***BEFORE*** having services provided

What if I don't have insurance or my coverage cannot be verified?

A deposit will be collected ***prior*** to services being provided if you are:

- Not insured or insurance eligibility cannot be verified
- Insured by a plan that has a high deductible
- Insured by a plan that does not list Diagnostic Clinic as a participating provider

What if I have an outstanding balance?

- We will collect any account balance that is patient responsibility at the time of check in for the next visit (***even if a statement has not yet been sent or received***).
- We are happy to schedule future visits or testing once an outstanding balance is paid or arrangements are made with Patient Financial Services

How can I pay for my account balance?

- We gladly accept cash, major credit cards, debit cards, personal checks, and traveler's checks.

What about minors?

- The parent or guardian accompanying a minor is responsible for all out-of-pocket expenses at the time of service. This policy includes fees for office visits, laboratory and diagnostic services.

What about insurance payment delays?

- Diagnostic Clinic partners with its patients to resolve insurance payment delays.
- If your insurance company delays payment beyond 60 days, we may request that you contact your insurance company directly.
- We are pleased to file claims with your insurance company but you are personally financially responsible for health care services provided to you by Diagnostic Clinic and its staff.

I'm on Medicare. Is there more I should know?

- That I am responsible for my yearly Medicare deductible.
- Medicare covers 80% of the approved charges after the deductible has been met.
- Most covered laboratory services (except pathology) will be paid in full by Medicare.

What about Medicare supplemental coverage (secondary insurance)?

- Supplemental insurance may cover a portion of what is not covered by Medicare.
- If you do not have supplemental insurance, the 20% not covered by Medicare becomes your responsibility and will be collected at the time of service.
- Medicare will automatically forward claims to your carrier if there is Medigap or crossover supplemental coverage.
- In other situations, Diagnostic Clinic will be happy to file your secondary claim.
- ***Important Note:*** If the supplemental carrier has not paid your claim within 60 days of the original claim submission to Medicare, ***Diagnostic Clinic will seek and expect payment from you since you are personally financially responsible for health care services provided to you by Diagnostic Clinic and its staff.*** Further discussions with the supplemental carrier become your responsibility.

Additional Important Medicare Facts:

- Medicare has many specific coverage limitations for diagnostic services including:
 - the reason for which a service is being performed (e.g., the diagnosis)
 - how many times a service may be provided within a given period of time.
- If a service is not covered by Medicare, you will be asked to read and sign an Advance Beneficiary Notice (ABN) which explains Medicare payment restrictions.
- By signing the ABN (waiver), you assume financial responsibility in the event Medicare denies payment.
- Certain non-covered services do not require pre-notification or ABN, including screening exams, preventive medicine services, eye refraction
- Please check with Medicare or speak with one of our representatives for questions.

Will I receive a billing statement in the mail?

- We mail billing statements on a regular basis. You are personally responsible for any account balance at the time of your next Clinic visit or upon receipt of the billing statement

What if I receive a collection letter?

- If you receive a collection letter, the most important thing you can do is pay the bill or **call us** right away so we can assist you with any questions or in setting up payment arrangements.

Can a patient be released from Diagnostic Clinic for non-payment?

- Yes, we terminate patients who do not pay their bills.
- All balances not paid within 90 days may be placed with an outside collection agency.
- Patients who have accounts placed with a collection agency are severed.
- Reinstatement is sometimes possible but you must speak with a representative in Patient Financial Services (727-581-5300).

What if I "bounce" a check intended to pay my bill at Diagnostic Clinic?

- This is a serious issue because we have no way of knowing if it is unintentional or the result of check fraud.
- Returned checks are subject to a \$25.00 charge.
- If you receive notification of a returned check, you must contact us immediately.
- If we have not been contacted by you within 14 days, we will notify the legal authorities regarding the occurrence.

A Word about Preventive Visits, Routine Physical Exams, and Testing

- This has been an ongoing source of confusion and we want to improve your understanding of this situation.
- The "yearly physical" or "preventive medicine visit" is covered by some insurance plans, but not by all (it is NOT covered by Medicare).
- Medicare only pays for an initial preventive physical exam upon initial enrollment (after meeting the deductible).
- Healthcare providers are **required by law** to accurately list the reason for a visit.
- If the purpose of your visit is for a yearly physical, the doctor must list the visit as "preventive medicine." If your insurance does not cover it, you will be fully responsible for payment.
- If during a routine physical exam, your provider also evaluates a known chronic medical condition or new medical complaint, we also have to list this as a separate reason for the visit. Not surprisingly, this may result in another charge.
- This is a part of the classification method developed by the federal government that we are **required by law** to follow.
- Our health care providers are sensitive to financial concerns. However, they base their medical decisions on what is best for you without consideration of insurance coverage. Therefore, please consider their advice and recommendations carefully.

Should you have any questions, please allow us to assist you by:

- ***Calling Patient Financial Services at 727-581-5300***
- ***Visiting Patient Concierge Services while at the Clinic***

TO ALL PATIENTS AND IN COMPLIANCE WITH FLORIDA STATUTE 408.810(5)(b):

To report a complaint regarding the services you receive, please call toll-free (1-800-962-2873).

To report abuse, neglect, or exploitation, please call toll-free (1-888-419-3456)

To report suspected Medicaid Fraud, please call toll-free (1-866-966-7226)

Diagnostic Clinic Consent to Treatment, Release of Information, and Financial Policy

I. Consent to Treatment

I consent to the examinations, treatments and procedures that may be performed during my affiliation with Diagnostic Clinic. If I am the representative/responsible party for another person or a minor, I also provide such authorization. This will include radiological examinations, laboratory procedures, medical and non-invasive treatments or procedures, or other medical or medically related services rendered to the patient under the general and special instructions of the physicians or allied health provider(s) of Diagnostic Clinic.

Additional informed consent may be required for certain procedures.

Initial _____

II. Authorization for Release of Information

I understand and agree that, to the extent necessary to determine liability for payment and to obtain reimbursement, Diagnostic Clinic may disclose information in the patient's record to any person or entity that is or may be liable for all or any portion of Diagnostic Clinic's charges, included but not limited to, insurance companies, health care insurance plans, or worker's compensation carriers. The undersigned further consents to release of information in the patient's record to other Diagnostic Clinic physicians or allied health care providers, other healthcare providers, referring physicians, and to outside medical facilities as is appropriate to expedite medical care. Medical information may also be used for confidential quality of care studies.

Initial _____

III. Lifetime Authorization – Medicare Certification for Payment

I certify that the information given by me in applying for payment under Titles XVIII of the Social Security Act (i.e., Medicare) is accurate and correct. I authorize any holder of medical or other information about myself, or the patient I represent to release to the Social Security Administration or its intermediaries or carriers any information or documentation needed for this or a related Medicare claim. I request that the payment of authorized benefits be made on my or the represented patient's behalf. I hereby assign the benefits payable for physician services to the physician or organization furnishing the services, and hereby authorize such physician or organization to submit a claim to Medicare for payment.

Initial _____

IV. Assignment of Insurance or Third Party Benefits

I authorize direct payment to Diagnostic Clinic of any insurance, managed care, self-insured plan, or other third party benefits or state disability benefits otherwise payable to or on behalf of myself or the patient for services rendered, and assign to Diagnostic Clinic, for application to patient's account, all such benefits, payable at a rate not to exceed Diagnostic Clinic's regular rates and charges. I understand that I, or the patient I represent, will remain responsible for all charges or applicable co-payments not covered in whole or in part by the payor, subject to applicable law.

Initial _____

V. Financial Responsibility Agreement

By signing this agreement, whether as a patient, representative, or guarantor, I fully understand, acknowledge, and agree to each of the following:

- I will be fully financially responsible for any and all services rendered by Diagnostic Clinic and its staff, **whether covered or not covered** by insurance, an employee benefit program, Medicare, Medicaid, or HMO.
- I agree to make payment for any and all patient financial responsibility for all services at the time they are rendered.
- I agree to pay any additional account balances in full at the time of billing statement receipt
- I agree to pay any additional account balances in full at the time of my next visit even if I have not yet received a billing statement.
- I certify that I have read the foregoing, and I am the patient, guarantor, or the patient's representative duly authorized to execute this Agreement and accept its terms.

Date and Time: _____

Signature of Patient

Pt. Acct. Number: _____

Print Name: _____

Witness Signature: _____

Signature of Guarantor

Print Name: _____

Print Name: _____

Signature of Patient Representative

Print Name: _____