SPC Patient Payment and Clinical Services Rules

Revised 3-28-17

Billing and Payment

Insurance Billing: If we are "in-network" for your primary insurance, we will submit the claim directly to your insurance. After your primary insurance completes payment, you are responsible for any allowable remaining patient balance. You are expected to bring your current insurance card to each visit so we can verify that your data in our computers is correct and that your coverage has not changed.

Secondary Insurance Billing: If you provide us with your secondary insurance card at the time of your visit, we will submit that claim for you. If you do not voluntarily provide this information to us at the time of your visit, you will be billed for any balance due after your primary insurance submits payment.

Co-pays: These must be paid at the time of check-in. Co-pay amounts are generally listed on your insurance card.

Co-insurance: If your insurance plan gives us enough information, we will estimate what you will owe and ask for a "deposit" to cover it.

Deductible: If you have a remaining deductible, then we will estimate what you will owe for the visit and ask for a "deposit" to cover it. The amount ($75 - $200) will depend on your scheduled visit type and if your insurance covers that type of visit. Deposits will be applied as "patient responsibility" as reported to us by your insurance after they process the claim. Any remaining credits after that will be applied to any other visit balance you have with us. We carry remaining credits less than $10 and send you a refund check if your credit is over $10.

Self-Pay Patients: Self-pay services require a "deposit" at the time of check-in. The deposit amount is dependent on the visit type and the tests/procedures scheduled for your visit. The deposit amount is **not** payment in full. Total charges generated by your visit usually exceed the requested deposit amount. You will be billed for any remaining balances after applying your deposit to the final visit charges. If you end up with a credit for a visit, it will be applied to any other visit balance you have with us. Remaining credits less than $10 will be carried forward, or we will send you a refund check if your credit is over $10.

Previous/Outstanding Patient Balances: All patient balances must be paid in full before being seen again, or if you cannot afford that all at once, you can set up a payment plan with someone in the Billing Department.

Patient Billing Process/Collections: Your patient balance is always available for you to see/pay on our online Patient Portal. After all insurance and patient payments/deposits are applied to your visit, a patient balance statement will be sent to you. Second notices go out 30 days after the first statement. **Unpaid p**atient balances over 60 days old are put into collections status. Collections status means you will not be scheduled for appointments until balances are paid in full or a payment plan is set up.

Insufficient funds: If your check or debit card payment returns due to insufficient funds, you will be charged a $20 fee. You will receive a statement including that fee. Additionally, we will not accept your checks or debit card again until that $20 fee and your full balance is paid or a payment plan is set up.

Cancellations / 'No-shows': If you fail to show up for your appointment or cancel your appointment less than 24 hours in advance, you will be charged a no-show fee. The amounts are $25 fee for a basic/follow-up appointment, $40 for a complicated appointment, and $60 for a physical appointment. Additionally, after 2 'No Shows' in a 12-month period, you will not be allowed to schedule an appointment until all no-show fees are paid. TennCare patients are exempt from fees but will not be allowed to schedule an appointment for 6 months and will only be seen on a walk-in basis.

Payment methods accepted: Credit cards, debit cards, money orders, cash, and personal checks (with proper ID).

Pre-authorization (E-pay Authorization) explanation: We have a system that allows you to pre-authorize us to charge your credit card or checking account an amount you select up to a maximum of $200 to cover your balances resulting from your visit. These charges will be processed automatically as per the E-pay authorization you signed on the date of service.

Assignment of benefits to SPC:

I hereby assign my BENEFIT PAYMENT rights as a participant in my insurance plan to SPC such that they are entitled to receive the benefit payment, the right to appeal any denials and pursue any remedies otherwise available under the law, including under ERISA, AND THAT THEY WILL BE MY AUTHORIZED REPRESENTATIVE IN SUCH MATTERS.

Clinical Services

Appointments: Appointments will be scheduled as close to your requested date and time as the Providers' schedules allow. The Providers make every effort to see you at your scheduled time, but may have to spend more time with a patient than anticipated, or have an emergency patient to see, causing them to run late. If your Provider is running more than 15 minutes behind, we will notify you of the delay when you arrive. You may decide to wait, reschedule, or request to see if one of our Non-Physician Providers has an opening before your doctor will, or use the Walk-in Clinic.

After-Hour Provider Calls: After-hour Provider emergency calls will be directed by our telephone system to the on-call Provider's voicemail. You may leave the on-call doctor a message, and then the Provider will listen to it and determine the appropriate response for your situation. If they call you back to discuss the situation, they reserve the right to charge for these telephone consultations at their discretion, which will be billed to your primary insurance. If insurance denies payment, you will be responsible for any remaining balance.

Prescription refills: During office hours, clinical staff will respond to phoned-in or patient portal refill requests usually within an hour or so. If the request is approved, the prescription will be electronically sent to your pharmacy. However, if your Provider decides that you need to see them again before refilling your meds, you will be contacted to schedule an appointment. After hour requests will be responded to the next business day.

Controlled Substances: Prescriptions will not be refilled without an office visit with your PCP. Controlled Substance Agreements are required. Urine drug screens may be required by your PCP. Generally, insurance does not pay for these, and the cost ($40 up to $180) must be paid on the date of service. All previous medical records are required if you are a new patient to this practice.

New medications or antibiotics: Will not be filled without an office visit with your Provider.

Referrals: Certain insurance plans require a referral/authorization for specialist, ER, and radiology/imaging tests. If referrals/authorizations are not obtained, it may result in your insurance denying payment. You are responsible for knowing your own insurance plan requirements for these services and notifying us to complete any prior authorizations needed. You should contact our office 3 days prior to any specialist or radiology visit that you set up yourself and no later than 2 days after an Urgent Care or ER visit to avoid any problems.

ABN's (Advance Beneficiary Notice): If we believe that your insurance does not cover some of the services you will be receiving during your visit, you will be asked to sign an ABN to document that you understand that if your insurance does not cover the service, then you will responsible for payment.