

FINANCIAL POLICY AGREEMENT
Todd W. Ulmer, M.D. PC

Patient Name: _____ **Date of Birth:** _____

YOUR INSURANCE POLICY IS A CONTRACT BETWEEN YOU AND YOUR INSURANCE COMPANY; TODD W. ULMER, MD, PC (REFERRED TO BELOW AS THIS “PRACTICE”) IS NOT A PARTY TO THAT CONTRACT. IT IS YOUR RESPONSIBILITY TO PAY ANY COPY, DEDUCTIBLE, COINSURANCE, OR OTHER BALANCE NOT PAID BY YOUR INSURANCE.

INSURANCE BILLING: Please make sure to provide us with your current healthcare insurance policy information and healthcare insurance card. If you have more than one insurance company, please provide information on all policies and advise us which payer is primary. We will bill primary and secondary insurance companies, and you will receive statement for any remaining balance after we receive payment from your insurance.

PAYMENTS: We accept payment by cash, check, VISA, MasterCard, Discover and American Express.

CO-PAYMENTS: Co-payments are due at the time of your appointment. If you are unable to make your co-payment at the time of your appointment, you may be asked to reschedule the appointment.

PRECERTIFICATION: Please check with your healthcare insurance provider and/or your primary care physician to inquire if precertification and/or referrals are required for any appointment with this Practice. By signature below, you acknowledge that you have contacted your insurance carrier and have a referral in place at time of visit or no referral is required.

MEDICARE: We are participating providers of Medicare and we accept assignment on Medicare claims. Any and all remaining balances after Medicare has processed your claim becomes either your, or secondary insurance, responsibility.

WORKERS COMPENSATION: If your injury is work related, you need to tell us before being seen by this Practice. You are required to notify your employer and initiate a workers' compensation claim. Please provide us with complete employer information, claim information (e.g. workers' compensation carrier, claim number), and the details surrounding your injury. We require you to provide us with your regular health insurance in the event that your workers' compensation carrier denies your claim. If you do not have health insurance and your workers' compensation claim is denied, you will be responsible for your balance.

MOTOR VEHICLE ACCIDENTS (MVA): This Practice will attempt to file claims with the motor vehicle insurance company that you designate. We will bill your health insurance company for any balance left after your personal injury protection (PIP) is exhausted.

THIRD-PARTY: If you have a third-party insurance claim regarding an accident or injury, you are financially responsible for any and all services provided by this Practice. This Practice will provide the necessary paperwork for you to complete third-party billing. If additional notes are required, a charge may be assessed for processing.

NON-INSURED: An up-front deposit of \$250 is required at the time of your appointment. If your care involves treatment for a broken bone or surgery, an up-front deposit of \$500 is required at the time of your appointment. We do not accept checks for such deposits.

ATTORNEYS: This Practice does not bill attorneys for medical care. We do not provide health information to attorneys unless an attorney makes a request in writing, which request **MUST** include a signed release by the patient.

MINORS: A parent, guardian or a designated representative must be present with treatment of a minor (under age 18).

INJECTIONS/ASPIRATIONS: All injections/authorizations are classified as surgical procedures. Your insurance may require you to pay a percentage or put the cost towards your deductible for injections/aspirations.

STATEMENTS: Itemized statements are issued on a monthly basis. Any balance is due in full each month unless payment arrangements have been made with this Practice.

RETURNED CHECKS: This Practice will charge a \$25 service fee for all returned checks.

NO SHOW/CANCELLATION: This Practice reserves the right to charge a \$25 fee for all appointments not attended, or for appointments cancelled with less than 24 hours notification. Repeated no shows may result in a discontinuation of care from this Practice.

FORM COMPLETION: This Practice charges a \$20 fee for completion of any forms requested by patient including, but not limited to, supplemental insurance, disability and FMLA paperwork. This fee is due at the time disability forms are submitted.

DISCLOSURE OF OWNERSHIP: In order to allow you to make a fully informed decision about your healthcare, Dr. Ulmer would like to advise you that at some point during the course of your treatment, you may be referred to an organization of which he has a financial interest (Columbia River Surgery Center, Clearview MRI Imaging Center). If desired, we can provide information about alternative options.

I have read and understand this Financial Policy. I understand that I will be held financially responsible for any and all charges that may or may not be covered by my healthcare insurance company. I consent to and authorize payment by my insurance company directly to this Practice for this Practice's services. I consent to and authorize this Practice to release any and all protected health information necessary to process insurance claims. I and/or the account guarantor agree to pay for any and all collection costs, attorney fees and court costs in the event that my account is referred to a collection agency.

Patient/Parent/Guardian Signature

Date