

Our Patient Payment Policy

Craig Rinder, MD, LLC

Thank you for choosing our practice! We are committed to the success of your medical treatment and care. Please understand that payment of your bill is part of this treatment and care.

All patients must complete our Patient Information Form. We believe that a good relationship is based on understanding and open communications. Our staff has been instructed to make every effort available to you to clarify any misunderstanding you have concerning your balance.

For your convenience, we have answered a variety of commonly-asked financial policy questions below. If you need further information about any of these policies, please ask to speak with our Billing Specialist or the Practice Manager.

How May I Pay?

We accept payment by cash, check, VISA, and Mastercard. For your convenience, our billing office is staffed Monday through Friday from 8:00 AM to 4:00 PM. The phone number is (802) 254-8221.

You are expected to make payment in full upon receipt of a billing showing balance due.

Other payment plans or options may be available upon completion of a financial statement analysis. Please contact our Patient Financial Services for this information and/or when your billing address changes. A monthly billing charge of \$20 will be added to all accounts not paid in full within 45 days of service.

When is my account delinquent?

An account is considered past due 30 days following billing unless other arrangements have been made. Unpaid accounts beyond 90 days are considered delinquent and may be forwarded to our collection agency and will have a service fee/billing fee added.

How are my Medicine Refills handled?

Our policy is for the patient to call their pharmacy and ask them to **fax** the request for your medication to (802) 254-5577. Requests are usually handled within 5 business days. Processing times may vary depending on the availability of your doctor, who for your safety must review each request prior to completion.

You must contact us two weeks before your prescription runs out to assure that you will not experience a lapse in treatment. We do not phone in prescriptions.

Are there Service Charges?

If the decision is made to see a patient who does not have his/her co-pay or deductible a service charge of \$15 will be added. And this patient's insurance will be notified in writing that this occurred which could result in a loss of insurance.

There will be a billing fee of \$20.00 added to each statement billed after 45 days of service.

Copying of chart

You have a right to copies of your medical records. However copying records takes time and requests for immediate release of records cannot be honored. Please allow 10 business days for all record release requests. There is no charge for release of records for the purpose of coordination of your medical care. For all other record releases there is a \$10 charge up to ten pages and 50 cents for every additional page.

Do I Need A Referral?

If you have an HMO plan with which we are contracted or any form of Medicaid, you need a referral authorization from your primary care physician. If we have not received an authorization prior to your arrival at the office, YOU will be rescheduled.

Your referring physician has received a request for important patient information which will have to be received prior to your consultation. (If you see a specialist, especially cardiology, you may need to have information forwarded to this office to expedite your care.)

What Is My Financial Responsibility for Services?

Your financial responsibility depends on a variety of factors. Claims that have

not been paid in 45 days will be automatically billed to you and we can assist you in refiling your insurance at your request.

What about missed appointments?

We would appreciate your help and courtesy of a call if you are unable to keep an appointment. Please notify our office at least twenty-four (24) hours prior to the appointment time. We reserve the right to charge you a missed appointment fee of \$30 and three (3) non-cancelled missed appointments are grounds for patient discharge. If you are a new patient, please keep in mind that we have set aside as much as an hour of the doctor's time for you. Missed new patient appointments will result in a charge of \$150.

Medicare/Medicaid

We accept Medicare and Vermont Medicaid. We do NOT see out of state Medicaid.

Legal Fee:

Any patient sent to collections will be responsible for all collection fees. If a patient is taken to small claims court the patient will be responsible for all fees/charges.

Assignment of Benefits

You need to assign benefits/payments for your insurance payments to the doctor.

Emergencies after hours

If you need medical care when the office is closed, please go to the ER located at Brattleboro Memorial Hospital.

If You Have...	You Are Responsible For...	Our Staff Will...
Commercial Insurance Also known as indemnity, "regular" insurance, or "80%/20% coverage."	Payment of the patient responsibility for all office visit, x-ray, injection, and other charges at the time of office visit.	File an insurance claim as a courtesy to you.

HMO & PPO plans with which we have a contract	<p>If the services <u>you</u> receive are covered <u>by</u> the <u>plan</u>: All applicable co-pays and deductibles are required at the time of the office visit.</p> <p>If the services <u>you</u> receive are not covered <u>by</u> the <u>plan</u>: Payment in full is requested at the time of the visit.</p>	File an insurance claim on your behalf.
HMO with which we are <u>not</u> contracted.	Payment in full for office visits, x-ray, injections, and other charges at the time of office visit.	Provide the necessary information for you to complete and file your claim directly with the insurance company.
Point of Service Plan or Out Of Network PPO	Payment of the patient responsibility- deductible, co-pay, non-covered services-at the time of the visit.	File an insurance claim on your behalf.
Medicare	<p>If you have Regular Medicare, and have not met your \$155 deductible, we ask that it be paid at the time of service.</p> <p>Any services not covered by Medicare are requested at the time of the visit.</p> <p>If <u>you</u> have <u>regular</u> Medicare as <u>primary</u>, and also have <u>secondary</u> insurance or <u>Medigap</u>: No payment is necessary at the time of the visit.</p> <p>If <u>you</u> have <u>regular</u> Medicare as <u>primary</u>, but no <u>secondary</u> insurance: Payment of your 20% co-pay is requested at the time of the visit.</p>	File the claim on your behalf, as well as any claims to your secondary insurance.
Medicare HMO	All applicable co-pays and deductibles at the time of the office visit.	File the claim on your behalf, as well as any claims to your secondary insurance.
Worker's Compensation	If we have verified the claim with your carrier'	Call your carrier ahead of time to

If You Have...	You Are Responsible For...	Our Staff Will...
	No payment is necessary at the time of the visit.	verify the accident date, claim number, primary care physician,

	If we are not able to <u>verifv your claim</u> Payment in full is requested at the time of the visit.	employer information, and referra procedures.
Worker's Compensation (Out of State)	Payment in full is requested at the time of the visit.	Provide you a receipt so you can file the claim with your carrier.
Occupational Injury	Payment in full is requested at the time of the visit.	Provide you a receipt so you can file the claim with your carrier.
No Insurance	Payment in full at the time of the visit.	Work with you to settle your account. Please ask to speak with our staff if you need assistance.

If you have questions about your bill or insurance coverage, you may speak with the Office Manager. She will answer specific questions about the process, discuss the paperwork and tests involved, and complete all pre-certification/authorization for any planned surgery if your insurance company requires it.

What if My Child Needs to See the Physician?

A parent or legal guardian must accompany patients who are minors on the patient's first visit. This accompanying adult (who consents to the treatment) is responsible for payment of the account, according to the policy outlined on the previous pages. We will not be involved in separation/divorce disputes.

I have read, understand, and agree to the above Financial Policy. I understand that charges not covered by my insurance company, as well as applicable co-payments and deductibles, are my responsibility.

I authorize my insurance benefits be paid directly to Craig Rinder, MD, LLC.

I authorize Craig Rinder, MD, LLC to release pertinent medical information to my insurance company when requested, or to facilitate payment of a claim.

Date: _____

Printed Name: _____

Signature: _____

Witness: _____