

TO OUR VALUED PATIENTS:

Thank you for choosing Artesian Valley Health System. We are committed to providing you with the best medical care possible. Please review a brief explanation of our policies & procedures below. The following is the payment policy of Artesian Valley Health System. We have put this policy in writing so that all patients clearly understand our billing and collection procedures. If you have any questions, please ask one of our staff to assist you with an explanation. If you require further explanation, the office manager may be contacted.

Thank-you,
Artesian Valley Health System

OFFICE HOURS

We are open Monday through Friday 7:00 A.M. to 6:30 P.M. and Saturday and Sunday 8:30 A.M. to 6:30 P.M.

DEFINITIONS

IN NETWORK: We refer to “in network” as the insurance companies that we have a contractual agreement. If we are in network, we have agreed upon a pay scale with the insurance company. In other words, we have agreed to a discounted rate for members of the insurance carrier with whom we are contracted.

OUT OF NETWORK/ NON-PARTICIPATING INSURANCE: If we are not in network with your insurance carrier, we will bill your carrier as a courtesy. If payment is not received within 60 days, the balance becomes your responsibility. You, the patient, will have to contact your insurance company to determine why payment has not been made. Please be aware, you may incur more out of pocket expenses for being treated in an out of network facility. It is your responsibility to check with your insurance company for benefits.

ACCEPT ASSIGNMENT DEFINITION: Accept assignment means that we agree to accept check payment from the insurance company for services rendered.

FINANCIAL POLICIES AND PROCEDURES

At Artesian Valley Health Systems, we believe that all patients who come to this facility deserve the best medical care that can be provided. In order for us to provide you with the highest quality medical care and current technology, we must insure that we are able to meet the expenses necessary to operate this facility. To ensure that these expenses are met, we provide you with this agreement to acquaint you with our financial policy.

ADVANCE BENEFICARY NOTICE

From time to time your physician must request tests that are medically necessary, but may not be covered by your insurance company. If an Advanced Beneficiary Notice (ABN) form must be signed in order to allow you to receive services not covered by your insurance carrier, the form and its financial responsibility will be reviewed with you at the time of service. No services will be provided until the form is signed. After signing an ABN, you are responsible for the total charges due for services provided to you which are not covered by your insurance.

PAYMENT AT TIME OF SERVICE

As a courtesy, we will bill your insurance for all services. However, we ask that you pay any portion not covered by your insurance due to deductibles or co-payments on the day of service, unless otherwise specified in specific policies of Artesian Valley Health Systems.

SUBMISSION OF CLAIMS

We will submit your insurance claims. However, it is important to remember that your insurance is a contract between you and your insurer. Although we file insurance claims a courtesy to you, you are still responsible for payment of services regardless of the amount your insurance pays.

BALANCES DUE AFTER INSURANCE PAYS

If there is a remaining balance due after your insurance carrier pays, you have 30 days to make payment on the invoice. Payment arrangements can be made for special circumstances by contacting the Business Office within 30 days of the receipt of the invoice. It is your responsibility to make contact with our office to make special arrangements.

OUTSTANDING BALANCES

We urge you to keep your account current to avoid any misunderstandings with our office. All account balances past due over 90 days will be sent to an outside agency for collections. At that point, the account is out of our hands. If you need to make special arrangements, it is your responsibility to contact the Business Office before your account is sent to an outside agency.

PAYMENT ARRANGEMENTS

Under special circumstances, payment arrangements can be made. These arrangements are made with the any Business Office personnel. Our office can set this up for you as a courtesy. You will be sent a monthly statement. However, it is your responsibility to know your monthly due date, which will be determined at the time your payment arrangement is set up. After one missed payment, the account will be sent to an outside agency for collections.

PAYMENT OPTIONS

Our office accepts Visa, MasterCard, American Express, and Discover. Our office also accepts check or cash. There will be a \$30 fee for all returned checks. Any monies exceeding your responsibility will be refunded.

MEDICARE PATIENTS

If you have Medicare as your primary insurance carrier, but you do not have a secondary insurance, you are responsible for the 20 percent at the time of service. Payment plans can be set up for special circumstances.

MOTOR VEHICLE ACCIDENT

All patients are personally and financially responsible for their medical care regardless of the nature of the injury or potential third party involvement. Patients often believe that the other party will pay their medical bills as the accident was "their fault". Because of the individual nature and complexity of these cases, it is not possible for us to get involved in collecting from an attorney, business, motor vehicle carrier or other person's insurance carrier for payment. Payment is your responsibility at the time of service.

WORKER'S COMPENSATION

If we have a verified claim and authorization to treat you from your carrier, no payment is necessary. If we are unable to verify your claim or obtain authorization to treat, payment in full is requested at the time of your visit. We request that you provide us with your carrier, claim number and adjuster's name for us to verify before your scheduled appointment.

CASH PAYMENT

If you pay cash, please ask for a receipt so that you will have a record of your payment.

BILLING PROCEDURE

You will receive a statement with your remainder balance once a reply is received from your insurance company. Payments are expected monthly until paid in full.

We accept Cash, Check, Money Order, MasterCard, Visa, American Express and Discover Card.

In conclusion, we must emphasize that as medical and surgical providers, our relationship is with you, our patient, not with your insurance company.

While we are happy to file a claim for payment with insurance companies on your behalf, please know that the ultimate responsibility for payment toward services rendered remains yours.

If you have questions, you may reach our Billing Department at 620-873-2141.