

ALASKA HAND REHABILITATION, INC. FINANCIAL POLICY

Thank you for choosing ALASKA HAND REHABILITATION, INC. as your health care provider. We are committed to helping you achieve your therapy goals.

The following is a statement of our financial and cancellation policy which we ask you to read and sign on page 2 acknowledging your understanding of this agreement.

IT IS YOUR RESPONSIBILITY TO CHECK WITH YOUR INSURANCE COMPANY REGARDING BENEFIT LIMITS AND SERVICES COVERED.

PRIVATE INSURANCE:

Your insurance policy is a contract between you and your insurance company. We have agreed to bill your insurance company, primary and secondary, as long as you provide correct and complete insurance information and respond to insurance inquires immediately.

Deductibles and services/supplies not covered are to be paid in full at the time of your appointment.

Coinsurance or Co-pay amounts are paid at each visit unless prior arrangements are made. Statements will be mailed to the address you have provided for any and all remaining balances.

We will not become involved in disputes between you and your insurance company regarding deductibles, co-payments, covered charges, "usual and customary" charges, denials, etc., other than to supply factual information as necessary. Our practice is committed to providing the best treatment for our patients and our fees for services are very competitive for our area. You are responsible for payment regardless of any reduction of coverage by your insurance company based upon arbitrary determination of "usual and customary" rates.

It is your responsibility, not that of the insurance company, to pay your bill in full. It is also your responsibility to contact your insurance company regarding unpaid balances. You have authorized benefits to be paid directly to us. **If, in error, benefits are paid to you, you will immediately notify and send payment with the explanation of benefits to us.**

- There will be a \$25.00 fee for returned checks.
- We accept cash, checks, and VISA/MASTERCARD.

MEDICARE & MEDICAID:

We accept assignment of benefits. Please be aware that some of the services provided may not be covered and may not be considered reasonable and necessary under the Medicare and Medicaid Programs. You will be given the option to pay for non-reimbursable services out of pocket or to request that your therapist exclude these services from your treatment. If you choose to proceed with non-reimbursable services you will be billed. Except for supplies or equipment not covered by Medicare or Medicaid, no payment is due at the time of your visit.

MEDICARE PATIENTS: if there is a balance left after Medicare and secondary insurance pays, a statement will be mailed to you.

CANCELLATION & NO SHOW POLICY (FOR ALL PATIENTS)

We appreciate **24 hour notice of cancelled appointments**. If this is not possible, be sure to cancel as soon as possible if you cannot make your appointment. An individual who NO SHOWS 3 times will be contacted and will be subject to cancellation of all future appointments. He/she will then be scheduled at their therapist's discretion and to accommodate patients who have proven courteous and compliant with their ongoing treatment. Thank you for your understanding.

WORKERS' COMPENSATION:

If your injury is covered by workers' compensation, and you provide the necessary information, and your treatment is authorized, we will bill your insurance carrier. If you begin treatment prior to worker's compensation authorization and your claim is not accepted, you will be responsible for payment of services rendered. At that time we will convert to billing your private insurance or possibly establish a payment plan for you. If your claim becomes controverted (disputed or denied), you will notify us immediately and agree to be responsible for continued treatment, which can be billed to private insurance. If you request treatment that exceeds insurance authorization or Alaska State Standard of treatment, you agree to pay for this treatment, as private insurance cannot be billed.

WE ARE PROUD TO SERVE OUR TRICARE AND VA/CHOICE PATIENTS

It is important that you understand your benefits and that each visit and splint must be authorized. If you do not understand how your authorization is obtained or its limitations our staff would be happy to explain the process in which this is handled. Our staff will handle processing all authorization requests. If any authorizations are assigned to another therapy office in error by Tricare or VA/CHOICE we may ask for your assistance in correcting this per Tricare/VA/CHOICE protocol. We do ask for your assistance in making sure to not exceed your authorized visit limit. If an authorization has reached its limitations and a new one has not been obtained, it could result in delay of your treatment. We appreciate your understanding and assistance in this matter.

PATIENT DISCOUNTS AND BILLING SERVICES:

Alaska Hand Rehabilitation, Inc. maintains contracts with Preferred Provider Organizations and must bill services rendered, no discounts are legally allowed and therefore no discounts shall apply. Per our agreement with these health insurance companies, no discounts on deductibles, copayments, co-insurances or other approved charges may apply.

A 10% discount is offered to SELF-PAY patients only if the patient pays in full at the time of service and does not maintain or disclose a health insurance policy as part of a PPO network aforementioned.

We are assisted with all claims and billing by a local third-party billing company, Alaska Billing Services (ABS). Any claims with dates of service after June 1, 2015 will be processed by ABS. Their contact information is available at the front desk or upon request.



CELEBRATING 30 YEARS OF EXCELLENCE