

B. Paul Turpin, MD, PLLC

Information Regarding Insurance and Billing

Please Read Carefully!!!

1. It is your responsibility to understand your insurance benefits. If you are not sure if a service or treatment is covered you should contact your insurance carrier. We do not provide information about co-payments, co-insurance, or deductibles. If your insurance card indicates you have a co-payment, this amount is requested at the time you check-in. If there is an additional balance due you will receive a bill from the office.
2. Your co-payment and balance due from a previous visit, from your co-insurance, co-payment amount, or deductible, are required when you check in. We accept Cash, Check, Visa, and MasterCard.
3. There is a \$30.00 fee for each returned check.
4. Delinquent accounts will be placed with an outside collection agency or pursued through small claims court. If your unpaid balance is remanded to an external collection agency, collection costs of 30% will be added to your balance due. If it becomes necessary to proceed with legal action, 40% of your balance due will be added to your total.
5. We accept many insurance plans. This means we will file your claim for you. This service is provided as a courtesy to you because we value your patronage. You are responsible for charges not paid by your insurance carrier(s), which includes claims denied due to lack of information from the subscriber.
6. We will be happy to submit charges to any secondary or supplemental plans you may have. However, if payment is not received from the firm within 60 days we will issue a bill to you for payment in full.
7. If we do not accept your insurance plan, payment will be expected when services are rendered. You will be given a bill at the time of checkout, which you may file with your insurance carrier for reimbursement.
8. If for any reason we do not receive the anticipated payment from your insurance company, please understand you are responsible for treatment fees.
9. All insured patients must present their insurance identification card and photo identification at the time of check-in. If you do not have your insurance identification card, you may either pay for the services and you will be given a bill at the time of checkout, which you may file with your insurance carrier for reimbursement, or you may reschedule your appointment.
10. It is your responsibility to inform the office of any changes to your insurance, address, phone number, etc. Without this correct information we cannot accurately bill your insurance carrier and they will deny the claim and you will be responsible for the visit.
11. We use an outside laboratory and additional testing sites; therefore we do not bill your insurance carrier for any testing. The testing facility will bill your insurance for these charges and you may receive a separate bill.
12. If your plan requires a referral in order to see a specialist, you must obtain this referral from your primary care physician's office prior to your appointment. If you are unsure if your insurance carrier requires a referral you will need to call your insurance carrier or primary physician's office. If a referral is not obtained prior to your visit you may either, reschedule your appointment or you will be given a bill at the time of checkout, which you may file with your insurance carrier for reimbursement. Please understand we are not responsible for your referrals, and if did not receive the correct referral your insurance will deny your claim and you will be responsible for your office visit.
13. The fees charge for office visits and related services are set by Medicare and closely followed by the insurance companies. We do not set our own fees and we must operate our business within the confines of this structured fee schedule.
14. We appreciate a 24 hour notice to cancel or reschedule any appointments. A \$25.00 no-show fee or late cancelation fee will be assessed if advance notice is not provided. We will call you a week before your scheduled appointment to confirm the appointment, and we will call you the day before your appointment to remind you. This is a courtesy of our office and is not required. You are responsible for your appointments.
15. Please understand if you miss 3 appointments consecutively you will be discharged from the practice. We are unable to give you proper healthcare without you attending your appointments.
16. If you need any paperwork filled out by the doctor, you are responsible for getting this information to us a week before you need the paperwork completed. There is a \$25.00 fee for all forms to be completed by the doctor.
17. Any questions regarding your account should be addressed with the Billing Department.

By signing my name below, I certify I have read the above information. Any questions concerning these policies have been discussed. My signature also certifies my understanding of and the agreement with the above policies. I understand I am responsible for all charges not paid by insurance. A photocopy of this document is as valid as the original. You may receive a copy of this document upon request.

Patient (or legal Guardian) Signature

Date