

Dr. Harpreet Dhiman DO PLLC dba Buffalo Interventional Pain Management Financial Policy

Thank you for choosing **Dr. Harpreet Dhiman DO PLLC dba Buffalo Interventional Pain Management** as your health care provider. We are committed to building a successful physician-patient relationship, and the success of your medical treatment and care. Your understanding of our Financial Policy and payment for services are important parts of this relationship. For your convenience, this document discusses a few commonly asked financial policy questions.

When are payments due?

All copayments, deductibles, patient responsibility amounts, and past-due balances are due at the time of check-in unless previous arrangements have been made with our billing team at *Practicefirst*.

Patients with deductibles will make payment at the time of service as follows:

New Patients	\$120
Follow up Patients	\$ 65 to \$125
Procedures	Varies Based on Procedure Type

How may I pay?

We accept payment by cash, check, credit & debit card. We will only accept post-dated checks when they are provided within an approved payment plan.

Do I need a referral or pre-authorization?

If your insurance plan requires a referral authorization from your primary care physician or a pre-authorization from your insurance, you will need to contact your primary care physician or insurance company to be sure it has been obtained. If we have yet to receive authorization prior to your appointment time, we will reschedule your appointment. Failure to obtain the referral or preauthorization may result in a denial of service from the insurance company, and the balance will become the patient's responsibility.

Will you bill my insurance?

Insurance is a contract between you and your insurance company. In most cases, we are not a party to this contract. We will bill your primary insurance company on your behalf as a courtesy to you. To properly bill your insurance company, we require that you disclose all insurance information, including primary and secondary insurance, as well as any change in insurance information.

It is your responsibility to notify our office promptly of any patient information changes (e.g. address, name, insurance information) to facilitate appropriate billing for the services rendered to you. Failure to provide complete and accurate insurance information may result in the entire bill being categorized as the patient's responsibility.

Although we may estimate what your insurance company may pay, it is the insurance company that makes the final determination of your eligibility and benefits. If your insurance company is not contracted with us (out of network), you agree to pay any portion of the

charges not covered by insurance, including but not limited to those charges above the usual and customary allowance. If your insurance company pays you directly, you are responsible for payment and agree to forward the payment to us immediately.

Which plans do we contract with?

Dr. Harpreet Dhiman DO PLLC dba Buffalo Interventional Pain Management accepts most major insurance plans. However, with the frequent changes that happen in the insurance marketplace, it is a good idea for you to contact your insurance company prior to your appointment and verify that we are a participating provider as per your plan.

What if my plan does not contract with you?

If we are not a provider under your insurance plan, you will be responsible for payment in full at the time of service. As a courtesy, however, we will file your insurance claim, and if not paid within 45 days, you will be responsible for the total bill. After your insurance company has processed your claims, any amount remaining as a credit balance will be refunded to you.

What is my financial responsibility for services?

It is your responsibility to verify that the physicians and the practice where you are seeking treatment are listed as authorized providers under your insurance plan. Your employer or insurance company should be able to provide a current provider listing.

What if I don't have insurance?

Self-pay accounts are used for patients without insurance coverage, patients covered by insurance plans which the office does not accept, or patients without an insurance card on file with us. **No-Fault auto injury related cases will also be considered self-pay accounts.** We do not accept attorney letters or contingency payments. It is always the patient's responsibility to know if our office is participating in their plan. If there is a discrepancy with our information, the patient will be considered self-pay unless otherwise proven. Self-pay patients will be required to pay in full for services rendered to them and will be asked to make payment arrangements prior to services being rendered. Emergency services provided to self-pay patients will be billed to the patient.

Will I receive statements or bills?

It is our office policy that all accounts with pending balances be sent two statements, every 35 days. If payment is not made on the account in the timeframe, a 3rd and final notice will be sent. If the account is not paid within 10 days of the final notice statement it will be sent to an external collection agency for collection. Unpaid bills can also lead to possible discharge from the practice.

In the event an account is turned over for collections, the person financially responsible for the account will be responsible for the collection costs, including attorney fees and court costs.

Regardless of any personal arrangements that a patient might have outside of our office if you are 18 years old or older and receiving treatment, you are ultimately responsible for payment of the service. Our office will not bill any other personal party.

Do you offer a payment plan?

A payment plan may be available for patients that cannot pay the balance of their bill in a timely manner. Please contact the billing department for details.

Do you charge a penalty for returned payments?

Any charges incurred by the practice collecting balances owed to us during the collection process may be charged to the patient. Returned checks, credit card chargebacks, or returned payments will attract a minimum \$35 fee in addition to the balance owed. Accounts with returned payments will be expected to make payments via cash, money order, or cashier's checks only.

Can you waive my copay?

We cannot waive deductibles, coinsurances, or copays that are required by your insurance. This is a violation of the insurance company rules.

Do you charge for copies of medical records?

Patients requesting copies of their medical records will not be charged a fee.

Attorneys and Insurance companies requesting medical records will be charged a \$15 fee plus postage and the following fees:

- \$0.15 per page
- Expedited requests will be charged a special handling fee of \$50.

What if I missed my appointment to see the physician?

We understand that on rare occasions, issues may arise, causing you to miss your appointment when you cannot notify our office before your appointment. Should you experience any unforeseen circumstance that causes you to miss your appointment, please call our office at least 24 hours prior to having it rescheduled.

Our highly skilled physicians and advanced practice practitioners are committed to your well-being and have reserved time just for you. Patients who miss an appointment without notifying our office 24 hours before the appointment time are subject to a missed appointment fee billed to the patient. **The “No Show” fee is \$50.00**

I have read, understand, and agree to the above Financial Policy. I understand my financial responsibility to make payments for services provided to me and the courtesy extended by **Dr. Harpreet Dhiman DO PLLC dba Buffalo Interventional Pain Management** to simplify insurance reimbursement for the services provided to me. I acknowledge that these policies do not obligate **Dr. Harpreet Dhiman DO PLLC dba Buffalo Interventional Pain Management** to extend credit to me for services provided.

**Patient or authorized
representative signature:**

Date:

**Patient or authorized
representative name:**