

# BILLING POLICY

It is important that you understand that, as your health care provider, our relationship is with you and not your insurance company. While the filing of insurance claims is a courtesy we extend to our patients who have insurance policies that Team Health Care Clinic is in network with, all charges are your responsibility from the date services are rendered. Patients with insurance policies THCC is out of network with will pay for services and will be provided documentation to send to the carrier for processing. Please try to remember that:

1. Copays, deductibles and all non-covered service charges are due the date the service is rendered and are collected by our front desk staff.
2. Not all services are a covered benefit in all contracts. Some insurance companies select certain services they will not cover. Our office cannot be responsible for monitoring each contract exclusion or limitation. Patients are fully responsible for all charges for all service(s) and/or product(s) which may be denied or not covered for any reason by an insurance carrier, case manager, attorney and/or when a third party and/or insurance carrier does not reimburse this facility fully.
3. There are some services done in this clinic that are not covered by most insurance companies, including BCBS, Medical Assistance and Medicare. They include but not limited to VAX-D, EDS, NAET, nutrition consultations, massage, most blood tests, foot orthotics, acupuncture, stem cell injections/topicals, laser treatments, neurofeedback, rTMS, Brain-based therapy, PRP, stem cell injections, labs and wellness or maintenance chiropractic care.
4. We will be happy to contact your insurance company to determine your benefits, however, any information our office gives you is an estimate based on the information available to us. Some third party payers misquote benefits. Any changes in your insurance coverage should be reported to Team Health Care Clinic, P.C. immediately. You are still responsible to pay for the services rendered.
5. Accounts that are more than thirty days overdue may be charged a 15% annual or a 1.5% monthly rebilling fee every month. It is our policy that any balances over 60 days may be turned over to a collection agency. You will also be responsible for any fees involved in the collection process. These overdue accounts are reported to the credit bureau.

**I authorize payment of medical benefits to the physicians at Team Health Care Clinic, P.C. for services supplied to me. I also authorize the release of any medical information, or information necessary to process my claims. I agree to pay for services I receive and balances due.**

\_\_\_\_\_ **Print Patient Name**

\_\_\_\_\_ **Signature**

\_\_\_\_\_ **Date**