

# **Patient Financial Policy**

Thank you for choosing BVMA to serve your health care needs. We are committed to building a successful provider-patient relationship with you; and your clear understanding of our Patient Financial Policy is important to our professional relationship.

## **Co-Payments**

All co-payments and past due balances are due at the time of check-in unless previous arrangements have been made. We accept cash, check, VISA, MasterCard, Discover and American Express. We will not accept your check if any previous check has been returned to us for insufficient funds.

#### Insurance

Please present your current insurance card at each visit. We do not participate with any HMO plans with the exception of Anthem HMO. Please notify us immediately if you have an HMO so that we can direct you to schedule with a provider in your HMO plan. A complete list of the insurance plans with whom we participate can be found on our cover letter or on our website at www.bvma.com.

Please be aware that some of your services may not be covered by your insurance. It is your responsibility to understand your benefit plan. By presenting to BVMA for care, you agree that you are responsible for all services and charges - regardless of your insurance status. Should any service not be covered by your insurance, we will not alter your claim so that your insurance will cover the charge.

If we do not participate with your insurance, you will be required to pay a minimum of \$100 at your first visit.

#### **Referrals and Precertification**

It is your responsibility to ensure that any required referrals for treatment are provided to our office prior to your visit. If your insurance plan requires precertification of certain procedures, it is your responsibility to notify us prior to receiving these services.

#### **Self-Pay Accounts**

Patients with no insurance will be required to pay a minimum of \$100 at your first visit and payment arrangements are required for any remaining balance, as well as for subsequent treatments.

### **Minor Children**

In the case of divorce or separation, the parent or guardian that is accompanying the child for treatment will be responsible for payment.

# Fees for Missed Appointments and Other Miscellaneous Fees

- \$25 for a missed appointment or cancelling with less than 24 hour notice.
- \$100 for missed appointment or cancelling with less than one full week (7 days) notice for a Gastroenterology procedure.
- \$15 fee if your co-pay is not paid at the time of service.
- \$5 for prescription refills on maintenance medications requested outside of your appointment time during regular office hours.
- \$10 for prescription refills on maintenance medications requested after hours.
- \$25 for non-maintenance prescriptions called-in in lieu of an office visit
  - (BVMA does not call-in non-maintenance medications/antibiotics without a patient first seeing a provider. This fee would only apply in unique circumstances of extreme inclement weather or the patient being out-of-town in a location that prevents them from traveling to the office for an office visit.)