

# **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 online pre-registration or at 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 have participating contracts with many insurance plans. You can view the current list at <a href="http://bvma.com/for-our-patients/insurance-company-list">http://bvma.com/for-our-patients/insurance-company-list</a>. Be sure to check this list prior to scheduling an appointment to verify that we are a participating provider in your plan. This is especially true for any HMO plan, as we do not participate with <a href="mailto:most https://most https:

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.

Your provider may order laboratory or pathology tests for which specimens are collected at our office but are sent to other laboratories for processing. In these circumstances, you may receive a bill from those facilities. Those facilities may or may not participate with your insurance plan.

### **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**

• \$25 for a missed appointment or cancelling with less than 24-hour notice.