Virginia Vein Institute

Cosmetic Vein Center of Virginia
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FINANCIAL POLICIES AND PROCEDURES

At Virginia Vein Institute, we believe that all patients who are rendered care at this office deserve the best medical care that can be provided. In order for us to provide you with the highest quality medical care and current technology, we must insure that we are able to meet the expenses necessary to operate this facility. To ensure that these expenses are met, we provide you with this agreement to acquaint you with our financial policy.

PAYMENT AT TIME OF SERVICE, FEES AND COLLECTIONS

Your insurance policy is a contract between you and your insurance company. As a courtesy, we will file your insurance claims for you for all office visits. However, we will not become involved in disputes between you and your insurance carrier. This includes, but is not limited to, deductibles, copayments, non-covered charges and "usual and customary" charges. If your insurance carrier does not provide payment within 90 days, you will be held responsible for payment. You are ultimately responsible for the timely payment on your account. We require that you pay any portion not covered by your insurance due to deductibles or copayments on the day of service at check-in as this is a requirement of your contract and our contract with your insurer. If this information is not provided or you are unable to provide accurate information, you will be required to pay any charges in full at the time of service. If you are unable to pay your copayment at check-in, another appointment will be made for you and a missed appointment fee of $25 will be assessed to your account, unless your visit is of an urgent nature. In this case, you will be provided with an envelope for remittance of your copayment within 48 hours.

It is your responsibility to provide us with your current insurance information at every visit so that we may bill the insurance company in a timely fashion. If a claim is rejected due to an expired policy, you will be held responsible for the outstanding balance. If a claim is rejected because your insurance does not cover the type of service rendered, you will be held responsible for the outstanding balance. Due to the wide variety of insurance plans, even within one insurer, it is impossible for us to know what is covered under your plan. Please educate yourself as to your coverage so that office visits, immunizations, testing and specialist referrals can be arranged to best suit your needs. Any account past due by 30 days or more may be subject to attorney review and district court collections proceedings. You are responsible for all court costs and fees assessed for any accounts submitted for collection proceedings.

Physicals and other procedures may or may not be covered under your insurance plan. Historically, plans such as Medicare and Medicaid do not cover physicals. It is your responsibility to understand your insurance coverage. If your insurance does not cover the cost of your physical or procedure, you will be responsible for the charges for all services rendered.

If you carry a balance on your account during the time you present at our office a payment on account will be required each time you present for a visit of any type. We are always willing to work out personalize payment schedule if you so choose.

IDENTIFYING INFORMATION

Your Social Security Number and date of birth are necessary to verify medical benefits and submit insurance claims for the purpose of receiving payment from your insurance company. The only other time this information is used is for the purpose of collecting any outstanding balance you may have. Virginia State Law requires we send social security numbers and procedure codes (CPT Codes) to the Virginia Department of Health for patients who undergo procedures. Dr. Purpera and his staff take pride in safeguarding this private information. Your personal information is held in the strictest of confidence and at no time, other than what is indicated in this section, will it be used.

ELECTIVE PROCEDURES

Patients are required to pay the estimated self-pay portion of elective procedures prior to services being rendered.

SUBMISSION OF CLAIMS

We will submit your insurance claims. However, it is important to remember that your insurance is a contract between you and your insurer. Although we file insurance claims as a courtesy to you, you are still responsible for payment of services regardless of the amount your insurance pays.

BALANCES DUE AFTER INSURANCE PAYS
If there is a remaining balance due after your insurance carrier pays, you have 30 days to make payment in full on the invoice. Payment arrangements can be made for special circumstances by contacting the office manager within 30 days of the receipt of the invoice. It is your responsibility to make contact with our office to make special arrangements.

OUTSTANDING BALANCES
We urge you to keep your account current to avoid any misunderstandings with our office. All account balances past due 60 days or more may be sent to the district court for collection purposes. If your account is handled by the district court, you will be responsible for all court fees associated with collections on your account. At that point, the account is out of our hands. If you need to make special arrangements, it is your responsibility to contact the office manager at our office before your account is sent to district court.

PAYMENT ARRANGEMENTS
Under special circumstances, payment arrangements can be made. These arrangements are made with the office manager. Our office can set this up for you as a courtesy. You will be sent a monthly statement. However, it is your responsibility to know your monthly due date, which will be determined at the time your payment arrangement is set up. After one missed payment, the account will be sent to an outside agency for collections.

PAYMENT OPTIONS
Our office accepts Visa, MasterCard and American Express. Our office also accepts check or cash. An ATM is located at either the Bank of America or the National Bank of Blacksburg across the street for your convenience. There will be a $50 fee for all returned checks.

CASH PAYMENT
If you wish to pay cash, please ask for a receipt so that you will have a record of your payment.

MEDICARE PATIENTS
If you have Medicare as your primary insurance carrier, but you do not have a secondary insurance, you are responsible for the deductible and copays at the time of service. Payment plans may be set up for special circumstances.

SECONDARY INSURANCE
As a courtesy to you, we will file your claim if we have valid information on file.

NON-CONTRACTED INSURANCE (Out of Network)
If you have an insurance plan that we do not participate with, you may have out of network benefits.

These benefits typically have a higher copay, coinsurance and/or deductible out of pocket cost. You will be considered a self-pay, uninsured patient if you do NOT have out of network benefits.

UNINSURED/SELF-PAY
Payment in full is expected at your first visit. All other ancillary, treatment and future care will be reviewed with you in order to make arrangements for payment.

NON-PAYMENT
If any account becomes delinquent for more than 60 days, we reserve the right to process collection proceedings which could entail a collection agency or district justice. Any account placed in **nonpayment status**, the patient will be responsible for all costs of collection or any legal proceedings. Timely payment will prevent consequences to your credit rating.

BILLING PROCEDURE
You will receive a statement with your remainder balance once a reply is received from your insurance company.

TARDINESS / MISSED APPOINTMENTS / NO SHOWS
If I am more than ten (10) minutes late for an appointment I realize it may be necessary to reschedule my appointment so other patients will not have to wait. We understand that you may not be able to keep all of your scheduled appointments. Please understand that missed appointments have a detrimental impact on our practice, not only financially, but they also affect our ability to serve others in need of medical care. If you fail to give a 24-hour notice when cancelling an appointment, you will be charged a $25.00 cancellation fee. This is considered a failed appointment. After two failed appointments you may be referred out to another physician. Dr. Purpera and his staff will give consideration to unforeseen emergencies.

REFERRALS
If your insurance carrier requires a referral or authorization for your visit, **it is your responsibility to make sure that our office receives current valid authorization**. If you do not have a valid referral or authorization at the time of service, we may be unable to treat you and you may be sent back to your Primary Care Physician to obtain authorization prior to being treated or full payment will be expected at the time of service. **Please remember that it is your responsibility to make sure we are on your plan's provider listing.** We appreciate your understanding of the ever-changing requirements of managed care plans and our position to adhere to their policies.

FORMS AND MEDICAL RECORDS FEES
Due to the increasing cost of providing our patients with the highest standards of care, we must impose a charge for certain records and forms. It takes time for our providers and staff to retrieve and copy files, complete forms and write letters. The following charges apply:

Simple 1-2 page forms (e.g., Driver's forms, work permits) $0.07 per page
(There is currently no charge for simple forms if they are filled out at the time of a physical.)

Dictated letters, extensive forms with review of medical records $0.07 per pg.
Copies of records for personal use $0.07 per pg.

ASSIGNMENT OF BENEFITS
I hereby assign all medical and surgical benefits, to include major medical benefits to which I am entitled. I hereby authorize and direct my insurance carrier(s), including Medicare, private insurance and any other health/ medical plan, to issue payment check(s) directly to Frank Purpera, MD, P.C. for medical services rendered to myself and/or my dependents regardless of my insurance benefits, if any. I understand that I am responsible for any amount not covered by insurance or this assignment.

AUTHORIZATION TO RELEASE INFORMATION
I hereby authorize Frank Purpera, MD, P.C. to: (1) release any information necessary to insurance carriers regarding my illness and treatments; (2) process insurance claims generated in the course of examination or treatment; and (3) allow a photocopy of my signature to be used to process insurance claims for the period of lifetime. This order will remain in effect until revoked by me in writing.
Medical Authorization for Release / Disclosure of Protected Health Information / HIPAA Privacy Notice has been provided.

_____
Print Patient Name

_____ _____
Signature of Patient or Guardian Date

_____
Relationship to Patient