|  |  |  |
| --- | --- | --- |
| If you have… | You are responsible for… | Our staff will… |
| Commercial InsuranceAlso known as indemnity, “regular” insurance or 80/20 % | Payment of the patient responsibility for all office visit, x-ray, injection, and other charges at the time of office visit.  | Call your Insurance company ahead of time to determine deductibles and co insurance. File an insurance claim as a courtesy to you.  |
| HMO & PPO plans with which we have a contract  | If the services you receive are covered by the plan: All applicable copays and deductibles are requested at the time of office visit.If the services you receive are not covered by the plan: Payment in full is requested at the time of visit.  | Call your insurance company ahead of time to determine copays, deductibles, and non-covered services. File an insurance claim on your behalf.  |
| HMO with which we are not contracted. | Payment in full for office visits, x-ray, injections, and other charges at the time of service.  | Provide the necessary information for you to complete and file your claim directly to the insurance company. |
| Medicare | If you have regular Medicare and have not met your $100 deductible, we ask that it be paid at the time of service. An ABN will need to be signed at every visit. Any services not covered by Medicare are requested at the time of visit. If you have Medicare as primary and also have secondary insurance no payment is necessary at the time of visit. If you have Medicare as primary but no secondary insurance payment of your 20% is requested at the time of visit.  | File the claim on your behalf as well as any other claims to your secondary insurance.  |
| Medicare HMO or Advantage Plan | All applicable copays and deductibles at the time of service.If you need a referral you are required to obtain one.  | File the claim on your behalf as well as any claims to your secondary insurance.  |
| Medicaid and Medicaid HMO plans | No payment due as long as Medicaid is eligible at the time of service. | File the claim on your behalf. |
| No Insurance | Payment in full at the time of service.  | Work with you to settle your account. Please ask to speak with the billing staff if you need assistance.  |