

Tennessee Maternal Fetal Medicine, PLC

Patient Payment Policy

Tennessee Maternal Fetal Medicine, PLC (TNMFM) strives to ensure a clear understanding of your financial responsibility with respect to the medical services we provide. These policies apply to all procedures and departments.

Co-Pays: We require payment of co-pays at the time of service, and reserve the right to refuse treatment.

No Insurance: If you have no insurance, our office will make every effort to contact you prior to appointment to advise you of your potential liability. The amounts quoted are an estimate and can increase based on the level of care provided. TNMFM offers patients without insurance a 20% discount and requires at least 50% of the balance stated at the time of service.

Payments: We accept cash, Visa, MasterCard, Discover and American Express. We also accept payment by check and debit cards. Tennessee Maternal Fetal Medicine, PLC reserves the right to send patients accounts to collections for balances not paid after receipt of two statements (or the balance being older than 120 days) unless you make payment arrangements with our billing office. We will make every effort to inform the patient of their balance via statement, letter and telephone. TNMFM's billing department will determine the amounts to be paid for payment arrangements and acceptance of payment less than company mandate does not necessarily deem compliance with a previous or current payment arrangement. Default on a payment arrangement will result in the account being sent to collections. We reserve the right to require payment for services to be made at or before the time of service.

Outstanding balances: We may refuse to see patients with balances over \$250, and who are not making regular payments on the balance. In the event that your account is placed for collection, a collection fee will be added to your account, along with any attorney fees and/ or court costs that may be necessary for recovery of the outstanding balance. In the event of an NSF check, there will be a \$30 NSF charge added to the balance due.

Claim Filing: We happily file your claim with your insurance company as a courtesy. Please keep in mind that payment remains your responsibility. We do not enter disputes over insurance benefits. We bill insurance in accordance with all federal, state and other contractual requirements in cases where we have an agreement or we are a participating provider. We expect payment in full from you if your insurance company delays processing of your claim for over 60 days. You agree to pay any portion of the charges not covered by insurance. If your insurance company sends payments directly to you, send or drop-off the payment to Tennessee Maternal Fetal Medicine, PLC, and we will apply it to your account.

Medicaid: We file Medicaid patient's claims for the states of Tennessee and Kentucky. If you have assistance from another state, you will be responsible for payment of the services you receive and the filing of your own claims. It is the Medicaid patient's responsibility to receive referral.

Dependents: You are responsible for payment of services rendered to your dependents on your account. In cases where a written court order allows payment for medical costs associated with a dependent, it is the responsibility of you to obtain reimbursement from the other party involved. If any special arrangements need to be made, please contact the AR department @ 615-983-5400.

Referrals: If you see a doctor that is out of network or if you use an insurance company that requires a referral, you are responsible for obtaining it from your primary care clinic or physician. Failure to obtain it may result in a lower payment or no payment from the insurance company or no benefits from your insurance company and you will be responsible for payment.

Forms/Letters/Medical Records: We may bill \$25 for forms or letters that a provider completes on your behalf. We charge \$25 copy fee for medical records requested for personal use. TMFM reserves the right to increase the cost for forms/letters/medical records depending on the amount of time and resources necessary to fulfill the request.

Patient notification of demographic/insurance information: TNMFM will make every effort to contact the patient if we identify any outdated information (i.e. returned mail, insurance denials, etc.). However, it is the patient's responsibility to inform our office of any changes in demographics, insurance, or financial responsibility. Failure to do so will result in full office visit, ultrasound, surgical and other ancillary services being the patient's liability and will be due at the time of your next appointment.

Attestation Statement:

I have read, understand, and agree to the above Tennessee Maternal Fetal Medicine, PLC Payment Policy. I understand that charges not covered by my insurance company, as well as applicable copayments and deductibles, are my responsibility. I acknowledge that these policies do not obligate Tennessee Maternal Fetal Medicine, PLC to extend credit or transgress from this policy.

I authorize my insurance benefits be paid directly to Tennessee Maternal Fetal Medicine, PLC. I authorize Tennessee Maternal Fetal Medicine, PLC to release pertinent medical information to my insurance company when requested, or to facilitate payment of a claim in accordance with company policies and state and federal laws.

Print Name of Patient

Patient Signature

Date