

LEON W. LEWIS, M.D., P.C.
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Patient Financial Policy

Financial Responsibility:

The following information outlines financial responsibilities related to payment for professional services as you, the patient, are ultimately responsible for all charges associated with your care regardless of insurance coverage.

Patients are expected to pay all co-pays, co-insurance, and deductibles at the time of service. Monthly statements are mailed to each patient with patient balance due expected within 30 days.

If you fail to pay the balance in full after two statements, fail to contact the collection department to make payment arrangements, or fail to pay after making agreed upon financial arrangements, your account may be sent to an outside collection agency. You will be responsible for the fees assessed by the collection agency. This outstanding debt may also be listed with local, regional, or national credit-reporting agencies and may have a negative effect on the granting of future credit.

Financial Agreement:

The undersigned agrees that in consideration for the services to be rendered to the patient, he/she individually agrees to be totally responsible for all charges for services and any other non-covered charges. The undersigned agrees to assign payment for the unpaid charges from services provided by specialist and by physicians for whom Leon W. Lewis, M.D., P.C. authorized to bill. I, the undersigned, accept the fee(s) charged as a legal and lawful debt. I understand the fee(s) charged are due at the time of service. Should it become necessary to forward my account for collection, I agree to pay all monies due, including a 33% collection fee, attorney fees, and/or court costs, if such be necessary.

Accepted Insurances:

Aetna	Choice Care	Medicaid	Tricare
AARP	Cigna	Medicare	United Healthcare
Administrative Concept	Consolidated Health	Management	Veterans Administration
Adventist Health	Commercial Traveler	Multiplan	VIVA
Argus	Golden Rule	NAMCI	
Assurant	Great West	PHCS (Private Health Care Services)	
BCBS PMD	Health Spring	Physicians Mutual Health Plan	
BCBS of Alabama	Humana	Principal	
Beech Street	Mail Handlers	Storybridge	

Because these provider networks often add or delete insurance companies, we suggest that you contact your insurance company to verify their participation. Also, **be sure to bring a referral from your Primary Care doctor to each visit, if required by your insurance company.** Otherwise, they may not pay for the services provided and you will be responsible for payment or your appointment may be rescheduled.

Separate Billing:

If you have a procedure or service outside of our office, you may receive bills from multiple parties. These may include but are not limited to Leon W. Lewis, M.D., P.C., the surgical facility, radiology, anesthesiology and laboratory services.

Medicare Policy:

As a courtesy to our patients, Leon W. Lewis, M.D., P.C. accepts Medicare assignment. We will file your claims to Medicare for you and hold billing until after Medicare has responded to the claim. Medicare will pay 80% of their allowable, and the patient, or their secondary insurance, is responsible for the remaining 20%. Naturally, your Medicare deductible must be met first.

If you supply our office with the correct billing information, we will also file with your secondary insurance carrier on a one-time basis. If your secondary insurance carrier does not pay within 60 days, you will then be responsible for the balance.

Worker's Compensation:

Worker's compensation claims are not covered by your regular insurance. Our office requires written verification by your employer of a Worker's Compensation claim. This information must be received by our office before your scheduled appointment.

Self-Pay:

Patients who do not have health insurance are advised that they need to **be prepared to pay at minimum \$150** towards their initial visit. Likewise, any associated surgery will require a 90% prepayment or at minimum \$1000 and the balance will be billed to the patient to be paid in full within 180 days.

For patients with no insurance, we offer an uninsured reduction to patients who pay in full at the time of service.

Treatment of a Minor:

If the patient is a minor (under 19 years of age), the parents or guardian must sign below in addition to the authorization of treatment. The parent, guardian, or unaccompanied minor is responsible for any payment due at the time of service, and providing required referrals, insurance, and picture ID cards.

Third Party Insurance & Auto Insurance:

If your care is related to a motor vehicle accident, or third party liability, please note your medical insurance may not cover your care. We will file the insurance claim on your behalf, as well as any claims to a third party payer. **We do not accept liens.**

If third party funds are exhausted, we will automatically file claim on your behalf to your personal insurance (written letter of exhausted funds is required). If you do not have health insurance you will be responsible for the services rendered.

High Deductible Plan:

If you have a High Deductible Plan, be prepared to pay for your services in full as you incur them. If surgery is required you will be asked to pay in advance of booking a surgery time. There is no uninsured reduction offered to insured patients.

Referral Requirement:

If you have a PPO plan (e.g. Aetna Managed Care, BCBS Personal Choice, or Tricare) with which we are contracted or Medicaid, a referral authorization may be required from your primary care physician. **It is the patients responsibility to obtain this referral.** If we have not received an authorization prior to your arrival at the office, we have a telephone available for you to call your primary care physician to obtain it. If you are unable to obtain the referral at that time, you will be rescheduled. Please note, some of our physician's practices are surgical based only and may require a physician referral even if your insurance carrier does not.

Additional Charges:

- Form - \$20 (each form)
- For returned checks - \$30
- Patient co-pays not paid at the time of service - \$15 rebill processing fee (*effective 1/1/13*)

The undersigned certifies that he/she has read and understands the foregoing, is the patient or is duly authorized by the patient to execute the above, and accepts the terms thereof.

 Signature of Patient/Responsible Party

 Date

 Relationship to Patient