



PATIENT FINANCIAL POLICY

Thank you for choosing us as your healthcare provider. Our main concern is that you and your family receive the proper medical care needed to maintain a healthy life. If you have any questions, please do not hesitate to ask our staff and/or doctors.

In order to continue to provide the level of medical services that our patients expect from our practice, we have adopted the following financial policy. We hope that this policy will help avoid any misunderstandings between our patients and the practice. We are dedicated to providing the best possible care and services to you and regard your complete understanding of your financial responsibilities as an essential element of your care and treatment.

It is UNLV Health's policy to offer Medicare rates for self-pay patients (including pending Nevada Medicaid), who are paying by cash, check, or credit card at the time of service. If the patient does not have insurance, they will be considered a self-pay patient. This policy does not apply to cosmetic service patients or patients who have received other discounts from UNLV Health. The amount to be collected for the encounter will be determined by the type and level of service rendered as indicated by the physician on the encounter form. The payment will be due and collected by the front desk personnel at the time of check-out. The patient is required to make a deposit equivalent to the stated charge relative to the initial service code(s) selected by the physician at the time of check-out. The final amount to be paid may be revised upward or downward depending upon final abstract coding and service code selections. The patient will be invoiced for any additional fees due and will be required to remit payment in full within 30 days. Should the patient fail to pay in full, within the 30 day period, the discount will be disallowed, and the patient will be required to pay the standard billed charge (100% of billed charges) for the service(s). Additionally, if the check is returned NSF, the discount will be eliminated, and the patient will be required to pay 100% of billed charges plus an NSF fee of \$25.00. Should the final selected code result in a payment that is less than the initial deposit payment, a refund will be requested. Should it be determined that the patient had insurance but was unable to provide information at the time of the visit, or the patient is subsequently determined to be Medicaid eligible, they should contact the Billing Department.

All co-pays and deductibles are due at the time of your visit. Payments for services for cash visits are due "In-Full" at the time of your visit. For your convenience, we accept cash, Visa, MasterCard, American Express, Discover, and debit cards. We will gladly accept your personal check with a current Nevada Driver's License. There will be a \$25.00 charge for checks returned for insufficient funds. For those with temporary hardships, we have payment options that we can offer.

Your insurance policy is a contract between you, your employer, and insurance company. We are not a party to that contract. Our relationship is with you, and you are ultimately responsible for any service provided, regardless of your insurance coverage. As a courtesy to you, we will submit an insurance claim on your behalf if you assign the benefits to the doctor. This means that you agree to have your insurance company pay the doctor directly for their services.

However, it is your responsibility to follow up with your insurance company in the event that your claim is unpaid. If your insurance company changes, it is your responsibility to notify us and provide a copy of the new insurance card to us immediately.

Please note that not all health plans cover the same services. In the event that your health plan determines a service is "not covered," you will then be responsible for the total charge. It is your responsibility to know what is covered and what is not covered. Payment is due in full at the time of service unless other arrangements have been made. If the service is a "covered" service, you will be required to pay any co-payment or coinsurance, which is required by your insurance company at the time of service. We will then file your insurance claim for the balance.

For all "covered" physician services provided in a hospital, we will bill your insurance plan. We bill only for the physician's fee. This does not include hospital, anesthesia, and laboratory and/or radiology services. Any balance due is your responsibility and is due upon receipt of statement from our office unless other arrangements have been made.

Managed care patients, by the terms of their agreements with their managed care organizations, are responsible for ensuring that they have their primary care physician's (PCP) authorization number or letter of referral to us. Unfortunately, if we provide medical services to you without your PCP's authorization, they will not reimburse us for our services. Without a current authorization from your PCP for the medical service you have scheduled, you should be prepared to pay in full at the time of your visit. Obtaining an authorization or referral is your responsibility as the insured.

If your insurance company does not pay within 90 days, we reserve the right to begin billing you directly and that you contact your insurance carrier. Accounts will be considered delinquent after 120 days. Delinquent accounts will be placed with a private collection agency. Any and all accounts placed with a collection agency will be subject to all reasonable collection and court costs.

Payment is expected at the time of service.