

## FINANCIAL POLICY

Thank you for choosing Hanger Clinic. We are committed to the success of your care. Please understand that payment of your bill is part of this treatment and care. Our financial counselors are on staff and available to answer any specific billing questions. The following information is provided as a courtesy to clarify your financial responsibility related to professional services provided by Hanger Clinic. This document does not cover all situations and should not be construed to be an all-inclusive listing of all possible situations. If a specific payer contract (including Medicaid, VA and Worker's Comp) is in conflict with any of the policies below, then the payer contract will supersede the conflicting policies. As part of our commitment of service to you, we will make every attempt to verify your insurance benefits at the time your services are rendered. However, insurance verification or authorization is not a guarantee of insurance payment. This only allows our office to provide you with a preliminary estimate of any monies due by the insured at the time of delivery of the device. Your patient portion is subject to change based on final claim determination by your insurance carrier.

**What Is My Financial Responsibility for Services?** Your financial responsibility depends on a variety of factors, explained below.

| If You Have...  | You Are Responsible For...   | Our Staff Will...   |
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| <b>Insurance Plan with whom we have a contract (including VA)</b>                             | <u>If the services you receive are covered by the plan:</u> patient portion (co-pays, deductibles, co-insurance, etc.) on or before date of delivery.  | Contact your insurance plan to obtain your eligibility, benefit information and patient portion (co-pays, deductibles, co-insurance, etc.)  |
|   | <u>If the services you receive are not covered by the plan:</u> Payment in full on or before date of delivery.   | Submit your insurance claim.  |
| <b>Insurance Plan with whom we are Not Contracted or we are NOT an "in-network" provider.</b> | Payment in full on or before date of delivery, unless your plan agrees to pay us directly.   | Contact your insurance plan to obtain your eligibility and out-of-network benefit information.<br><br>Submit your insurance claim if your plan agrees to pay us directly.   |
| <b>Medicare Part B</b>  | <u>If you have Medicare Part B,</u> and have not met your deductible, we ask that it be paid on or before date of delivery.<br><br><u>If you do not have secondary insurance,</u> Medicare co-insurance amount on or before date of delivery.<br><br><u>If the total services are less than \$250,</u> full payment on or before date of delivery.<br><br><u>Payment for any services not covered by Medicare</u> on or before date of delivery. | Contact Medicare and secondary insurance plan (if applicable) to obtain your eligibility and benefit information<br><br>Submit your insurance claim to Medicare, as well as any claims to your secondary insurance. |
| <b>Medicaid</b>   | <u>Depending on each state's Medicaid program, if the services you receive are covered by Medicaid:</u> patient portion (if applicable) on or before date of delivery.<br><br><u>Payment for any services not covered by Medicaid</u> on or before date of delivery.   | Contact local Medicaid office to obtain your eligibility, benefit information and patient portion (if applicable) as well as obtain prior authorization (if applicable).  |
| <b>Worker's Comp</b>  | <u>If the services you receive are covered by the Worker's Comp:</u> patient portion (if applicable) on or before date of delivery.<br><br><u>Payment for any services not authorized by Worker's Comp</u> on or before date of delivery.  | Call your Worker's Comp plan to obtain your eligibility, benefit information and patient portion (if applicable) as well as obtain prior authorization (if applicable).   |
| <b>No Insurance</b>   | Payment in full due on or before date of delivery.   | Advise you regarding charges for services provided.   |

**How May I Pay?** We accept payment by: cash, check, credit card or 3rd party patient financing. NOTE: Charges not covered by your insurance plan, as well as applicable co-payments and deductibles, are your responsibility. Returned check fee: \$45.00 or state maximum, if less.