

Billing Policy and Procedures

This is a professional office that renders quality medical care to patients. Our duty is to preserve the dignity and confidentiality of our patients while receiving appropriate payment for the care provided.

This practice is obligated to provide medically necessary services to patients as required by the standard of care set by the profession and contracts with insurance carriers. This practice keeps its agreements and will not bill or charge patients when our contracts do not permit it. Holders to certain insurance policies may be required to pay for services at the time of your appointment and submit your claim for reimbursement from the insurance company.

1. **Payment is required at the time of service.** This may be a co-payment, deductible, co-insurance or full payment, absent an insurance carrier contract provision to the contrary.
2. We accept most insurance plans. **It is your job, as the patient/policy holder to make sure Dr. Katherine Brown is an in-network provider for your specific plan and/or that she has been chosen as your PCP before you arrive for your appointment. Failure to do so, may result in your having to reschedule the appointment.**
3. For your convenience, we will submit claims for payment directly to the insurer, with a few exceptions. **Please remember, your insurance agreement is between you and your insurer. You are ultimately responsible for any charges generated in this office.** In order to submit claims to any insurer, we must have the following on file: a copy of the patient's current insurance card; the policy holder's name, their contact information and their relationship to the patient; the patients correct contact information and other information such as dates of birth as necessary. **If your policy is one of the exceptions or if we do not have sufficient information to process a claim, you will be responsible for full payment at the time of service.**
4. You are responsible for any outstanding balance, such as non-covered charges as outlined in your health insurance company policy. These changes are listed on the Advanced Beneficiary Notice. (ABN)
5. If you have not settled your account within a reasonable amount of time following the date of service, you will be contacted by our office with a request for payment by statement.
6. If you maintain a balance that is more than 90 days past due and have not made any payments or contacted the practice about a financial hardship, your account will be moved to a "collections" status. **Patients who have this collection status are required to provide full payment for services before scheduling another appointment.**
7. If you maintain a collection balance for more than 120 days without making any payments or contacting the practice about assistance because of financial hardship, you may be dismissed from the practice.

I acknowledge that I have read and understood the **billing policy** and procedures for Katherine Brown, M.D.

Patient or Guardian Signature: _____ Date: _____