



# Evansville Multi-Specialty Clinic, PC

812-475-1948 • Toll Free: 1-888-401-4DOC • Fax: 812-401-1267 • www.evclinic.com

## FINANCIAL POLICY

Dear Patient,  
Welcome to our practice!

This information is being provided so that you may better understand our billing process and payment policy.

If you have any questions about your bill or the policy explained in this information, you may call our billing department between 8 am to 4:15 pm, Monday through Friday at 812-475-1948 ext 219.

When you arrive for your first appointment, you will be asked to complete a patient registration form. It is very important that you provide us with accurate information and notify our office of any changes should they occur. We will also need to make copies of any insurance cards you have. You will also be required to present a valid photo ID. If the patient is a minor, the guardian will have to submit a valid photo ID. If no form of ID or insurance card is presented on the new patient visit, the patient will be treated as a self-pay patient.

### MEDICARE

We will file your claims directly to Medicare and your secondary insurance. If you do not have secondary insurance, your 20% coinsurance and any remaining Medicare deductible is **due at the time of service**.

### MEDICAID

We currently accept Indiana Medicaid, Anthem Medicaid (Hoosier Healthwise, Care Connect and HIP), Managed Health Services (Hoosier Healthwise, Care Connect, and HIP), and Mdwis Care Connect. Your eligibility is checked, in real time, on the day of your appointment. If you are showing ineligible, payment must be made at time of appointment or rescheduled.

### INSURANCE

We are participating providers with most major medical insurance plans including Blue Cross, Humana, and United Healthcare, along with multiple other insurance companies. If we do not participate in your particular plan, we will make every effort to inform you prior to your appointment, however, it is your responsibility as the patient to verify prior to scheduling an appointment.

### COPAYS & DEDUCTIBLES

To avoid being charged a possible statement fee, co pays, coinsurance and deductibles **must be paid at the time of service**.

### AUTHORIZATIONS & REFERRALS

If your insurance requires prior authorization or referral for any services, we will make every effort to obtain this in a timely manner. Please be aware that medication authorizations may take up to 5 business days to obtain.

### SELF PAY

If you are a self-pay patient, payment is due in full when services are rendered. The following are a list of self-pay fees:

- New Patient: \$150.00
- Established Patient: \$100.00
- Acute: \$75.00
- Medication Refill: \$70.00
- Physical: \$150.00

Additional Services are available with a self-pay fee, please contact our billing department for these charges.

### PATIENT STATEMENTS

Patient statements are mailed on or around the 10<sup>th</sup> day of each month. Payment is due upon receipt. If you have a question regarding your bill, you must contact our billing department immediately.

### PAST DUE ACCOUNTS

If your balance is not paid within **30 days** and you have not contacted our office to arrange payment, your account is considered past due. Our office will make every effort to assist you with settling your account. If, however, all efforts fail and you choose to ignore your obligation, we will have no choice but to pursue further action against you by turning your account to a collection agency.

### RETURNED CHECKS

If your check is returned from the bank due to 'Insufficient Funds,' you will be notified **immediately**. The payment must be made within 10 days of our contact with you or the account will be turned to collections. While you will still be allowed to be seen in our office, all payments must be made via cash or credit card at the time of service. We will no longer accept a check as payment for our services.

### ACCEPTED METHOD OF PAYMENT

Our office accepts cash, personal checks, Mastercard, Visa, American Express, and Discover.

**We appreciate your cooperation,  
Providers and staff at Evansville Clinic**

**I have read and understand this Policy.**

Patient Signature \_\_\_\_\_

Printed Name \_\_\_\_\_

Date \_\_\_\_\_