## Office Procedures and Policies

Tel.

Fax

734-213-2996

734-213-2997

## **Appointment hours**

Mondays, Tuesdays, and Thursdays 10:00 a.m. to 3:30 p.m. Fridays 10:00 a.m. to 2:30 p.m. The office is closed daily for lunch from 12:00 p.m. to 1:00 p.m.

**Scheduling** ~ To schedule an appointment, please call the office. If you need to change or cancel an appointment, please give 24 hour's notice. If you get the office voice mail during normal business hours, Please leave a message. We are often unable to get to the phone. We will return your call as soon as we can. The doctor reserves the right to charge a no-show fee for missed appointments or appointments cancelled without sufficient notice (24 hours). If you are ill or have an emergency, please let us know this when you call. (See "No-Show Charges" below.)

**Severe weather** ~ In case of bad weather, we will make every effort to be at the office. If that is not possible, we will try to reach you directly by telephone. If there is a severe weather situation, please call the office and leave a message. We will call you back with information about whether the office will be open or to let us know if you are unable to get to the office.

## Payment and Insurance Billing Policies

**Forms of Payment Accepted** ~ Payment of office charges is expected at the time of your visit. You may pay with cash, personal check, MasterCard, Visa or American Express. There is a \$25 charge for any check that is returned to us by your bank, and we will require cash or credit card payment for future services.

**No-Show Charges** ~ We reserve the right to charge a fee for appointments that are missed or cancelled without 24 hour's notice. The fees are \$100 for a new patient appointment and \$50 for other appointments. To avoid this charge, please notify the office at least 24 hours before your appointment time; you may leave a message on the office answering machine for this purpose. No-Show fees must be paid before any other appointments are scheduled.

**New Patient Appointment Confirmation** ~ Three days before your new patient appointment, you will receive a phone call from the office. We make this call to confirm that you are still planning to come to your appointment. We will leave you a message asking you to return the call to confirm. Please return this call. You can leave a message on our answering machine if we are not in, but we need to have a verbal confirmation from you that you are keeping your appointment. If we are unable to contact you we will cancel your appointment. We will not charge you a fee, we will fill your appointment time with another new patient from the waiting list.

**Participation with Insurance Companies** ~ Dr. Beals currently participates with Blue Cross Blue Shield, including Traditional, PPO, Blue Preferred or Community Blue, and out-of-state Traditional and PPO. For these types of Blue Cross Blue Shield policy, we will bill your insurer directly and receive payments directly. We will accept your insurer's approved

## Payment and Insurance Billing Policies, continued

amounts for services and will only bill you for the portion they allow but don't pay (your "copay" or "co-insurance" or "deductible"). You will be responsible for any copays and deductible amounts. We must have your signature on the 2<sup>nd</sup> page of our consent form (titled "Authorization to Reassign Benefits") to bill your insurance for our services.

If you have Medicare or Tricare (Champus), Dr. Beals will bill your insurance directly and receive the approved amounts authorized by these companies. We will bill you for the difference between their approved charges and their payments. Your signature on the 2<sup>nd</sup> page of our consent form (titled "Authorization to Reassign Benefits") is required for this.

If you have health insurance from another insurer, please ask at the office for specific information. You will pay for services at your visit, and we will provide you with the information you need to request reimbursement from your insurance company.

**Billing Insurance Companies** ~ It is your responsibility to provide copies of your insurance card(s), a photo ID, and all other requested information needed to bill your insurance company properly. For this purpose, we require a fully and correctly completed information form.

If you have any changes to your insurance plan or if you move or change your telephone number, please notify us prior to your next appointment, if possible. Then, bring in any new insurance card(s) and photo ID with your new address to your next appointment.

We expect payment at the time of your appointment of all amounts that are or will be your responsibility, including copays, deductibles, and payment for non-covered services.

If we bill you for unpaid balances, payment in full is required within 15 days.

**Courtesy Billing** ~ In some cases (not HMO's), Dr. Beals will agree to bill insurance companies on your behalf, as a courtesy to you. For each visit, a claim will be sent to your insurance company, stating that payment is to be sent to you. The company does not pay the doctor. You will be reimbursed by the insurance company for amounts the company agrees to pay. To successfully submit these claims, we will follow the policies described above under Billing Insurance Companies. If we courtesy bill for you, payment in full is required at the time of your appointment.

**Billing Questions** ~ If you believe we have made an error in billing to either you or your insurance company, please contact us immediately. We will make every effort to resolve the situation as quickly as possible. We provide receipts at your visit that will assist you in tracking billing and payments by your insurance company. Please keep your receipts.

All other questions about your insurance company's response, including payments, amounts denied, amounts not fully paid or amounts applied to your deductible, should be directed to your insurance company.

If you will require medical expense information for your tax returns, please keep a copy of the receipts offered at your visit. Please understand that we cannot provide you with these copies in April, when you are preparing your taxes.

**Delinquent Accounts** ~We reserve the right to reschedule appointments if there are past-due balances. In addition, we reserve the right to take additional collection steps, including steps that could affect your credit rating, if accounts are not paid promptly and in full. Non-payment of balances may also result in discharge from the practice. We reserve the right to charge interest or a late fee on past-due balances.

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