**NORTH HOUSTON RHEUMATOLOGY ASSOCIATES**

 **Initial: 6/1/2013 Page 1 of 2 Revised:**

**Purpose:**

This is a professional office that renders quality care to patients. Our duty is to preserve the dignity and confidentiality of our patients while receiving appropriate payment for the medical care we have provided. The following details this practice’s policies and procedures regarding patient billing. This policy is intended to comply with the provisions of Texas Occupations Code Chapter 101.

**Policy:**

**Office Visit**

Payment is expected at the time of service unless arrangements have been made prior to treatment.

The office will file insurance claims for services rendered, but patients are not relieved of responsibility for payment because they have insurance unless a contract prohibits billing the patient, such as a contract between this practice and a HMO.

Patients must pay co pays or deductibles before surgical procedures are performed and at the time that office services are rendered, absent an insurance carrier contract provision to the contrary.

Most HMO and PPO patients have copayments, deductibles, or coinsurance. Our 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. We also must be mindful that in many cases, we cannot bill the patient for amounts left unpaid by carriers when we have a contract with the patient’s insurance carrier. This practice keeps its agreements and will not bill or charge patients when our contracts do not permit it.

Complaints related to billed charges shall be directed to the billing office for resolution.

**When Patients Are Billed**

This office will honor any request a patient makes to use an alternative billing address, but any patient making such a request must provide a suitable alternative for billing purposes.

After we receive payment from the insurance company, this office will reconcile the explanation of payment, and then bill the patient for the unpaid amount unless a contract with an insurance carrier prohibits it.

Any claim denied due to patient ineligibility will be billed directly to the patient.

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Patients will be billed (when an insurance carrier contract does not prevent billing) when a claim is denied due to benefit limits, services are not covered, when there is a pre-existing condition or when there is still a patient responsibility balance on the account.

**Mailing Statements**

Statements will be mailed every 45 days and will be:

- Consistent,

- Professional in appearance,

- An accurate reflection of all charges and payments

**Past Due Accounts**

If the patient has not settled his or her account after the third statement ,We will send a letter to the patient stating that unless payment is received in 10 days, the practice will turn the account over to an outside collection agency.

At that point, we will turn any unpaid accounts over to a collection agency.

This practice DOES charge interest for amounts past due and left unpaid by a third-party payor.

This practice charges interest, a rate of 5.5% per annum is imposed on amounts commencing on the 60th day from and after the sum is due and payable.

I Acknowledge,

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