



## Financial Policy and Disclosure

The Financial Policy and Disclosure is to help us provide the most efficient and reasonable health care services. Therefore, it is necessary for us to have a Financial Policy and Disclosure stating our requirements for payment for services provided to patients.

Patients are responsible for the payment of all services provided by UniPlus Health.

### Self-Pay Policy

- If you are a self-pay patient, you will be required to pay for the office visit before services are rendered.
- In addition, any remaining balance on your account will be collected at discharge.

### Insurance Policy

- If you are an insurance patient, it is our policy to file for insurance as a courtesy to you, if we have accurate and complete insurance information.
- If a service is provided that is not covered by your insurance company, you will be the responsible party at the time of service. Non-covered services and supplies may include medical supplies, durable medical equipment, medications, x-ray supplies, and labs you receive at UniPlus Health.
- If we have not received a payment from your insurance company within the contracted time frame specified by your insurance company's contract with UniPlus Health, you will be responsible for the balance due.
- Deductibles, co-payments, and coinsurance will be collected before services are rendered.
- In special cases, we may need your help in contacting your insurance company for the payment of your services.

### Workers Compensation Policy

- If you are a worker's compensation patient, it is our policy to bill your employer or the worker's compensation carrier for services rendered.
- If you are covered under worker's compensation, we will accept the payments by the worker's compensation carrier as per contracted rates based on the mandated SC state fee schedule.
- If payment is denied from your worker's compensation carrier, a claim will be submitted with your private insurance on file. Should the private insurance deny the claim, you will become responsible for the entire balance of your services.
- It will be your responsibility to contact us with the name and address of your employer or the insurance company that covers your employer.

### X-Ray Policy

- If you require an x-ray on today's visits, the x-ray will be sent out to a Radiologist for a second opinion for quality assurance purposes.
- You will be responsible for the cost of this service if your insurance company chooses not to cover it.

### Overdue and Credit Balances

- All over-due patient balances will be sent to collections.
- All accounts sent to collections will be charged a \$25 collection fee in addition to the account balance.
- Credit balances under \$15 which are the patient's responsibility shall be administered in accordance with South Carolina state law.

To help in this policy, we ask that you assist us by:

1. Providing us with current and updated information on yourself and your insurance company.
2. Presenting an updated photo identification card and insurance card when changes are made.
3. Making the appropriate payment at the time of service, whether it is a deductible, copay, coinsurance, or for the full amount if you are a Self-Pay Patient.

In order to provide the best medical care, we ask that you do not discuss your account balance or financial aspects with the physician(s) or medical staff. Please discuss any account information with the check-out associate or practice coordinator.

\_\_\_\_\_  
Patient Name (Please print)

\_\_\_\_\_  
Patient/Responsible Party Signature

\_\_\_\_\_  
Date