

## **HUNTERDON MEDICAL MANAGEMENT'S CENTRAL BILLING OFFICE** **FINANCIAL POLICY**

*Hunterdon Medical Management's Central Billing Office has developed the following payment policy to eliminate unnecessary confusion and billing costs. Adhering to this policy will better enable our physician practices to focus increased attention on providing quality medical care to the families they serve. This policy is effective for:*

- *Advanced Gastroenterology & Nutrition*
- *Center for Endocrine Health*
- *Diabetes and Endocrine Associates of Hunterdon*
- *Hunterdon Adult Hospitalist Service*
- *Hunterdon Breast Surgery Center*
- *Hunterdon Cardiology*
- *Hunterdon Center For Dermatology*
- *Hunterdon Center For Healthy Aging*
- *Hunterdon Family Medicine at Branchburg*
- *Hunterdon Family Medicine at Bridgewater*
- *Hunterdon Family Medicine at Cornerstone*
- *Hunterdon Family Medicine at Delaware Valley*
- *Hunterdon Family Medicine at Highlands*
- *Hunterdon Family Medicine at Hickory Run*
- *Hunterdon Family Medicine at Riverfield*
- *Hunterdon Family Medicine at Phillips Barber*
- *Hunterdon Family Medicine at Whitehouse Station*
- *Hunterdon Family Practice & Obstetrics*
- *Hunterdon Family & Sports Medicine at Hopewell Valley*
- *Hunterdon First Surgical*
- *Hunterdon Infectious Disease Specialists*
- *Hunterdon Internal Medicine Associates*
- *Hunterdon Neonatal & Pediatric Medicine*
- *Hunterdon Palliative Care*
- *Hunterdon Pediatric Associates*
- *Hunterdon Plastic Surgery*
- *Hunterdon Podiatric Medicine*
- *Hunterdon Pulmonary and Critical Care*
- *Hunterdon Urgent Care*
- *Hunterdon Urological Associates*
- *Psychiatric Associates of Hunterdon*

*We appreciate your support and wish you and your family the very best of health!*

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**PRIVATE PAY:** Payment for services rendered in our offices is due at the time of service. This includes all insurance plans that we **do not** participate with. For self-pay patients with **no** insurance or with an insurance plan we don't participate with, a 15% discount is applied if payment in full is made at the time of service. In addition, medically necessary services not covered by your insurance plan are eligible for a 15% discount when paid in full at the time of service.

**MANAGED CARE INSURANCE CONTRACTS:** Patients enrolled in managed care health plans are **required** to pay their copays at the time of service. After insurance has paid for services, co-insurance amounts are due upon receipt of bill and can be made via phone calls to the billing department with Visa or Master Card.

### **ACCEPTABLE METHODS OF PAYMENT\*:**

- Cash
- Check
- Money Order
- Visa
- Master Card

*\*A receipt should be provided to you for each payment made.*

**BILLING:** Any personal balance over 30 days old without current payments applied against it is considered an overdue balance resulting in delinquent status of the account. To avoid assignment to a professional collection agency, all payments due should be made promptly. If **genuine financial difficulties** exist, please **call**. We are happy to arrange a personalized monthly budget payment plan.

**MONTHLY BUDGET PLANS:** Monthly Budget Plans are available for families who do not qualify for the HMC Payment Assistance Program but demonstrate a need for special assistance. You may contact our Billing Representatives at 908-284-1125 to discuss this payment option.

**Hunterdon Medical Center Payment Assistance Program:** Hunterdon Medical Center has a payment assistance program for qualifying families with limited incomes and/or extenuating circumstances. To determine whether your family qualifies for this program, please call a Billing Representative and request an application. All requests for the payment assistance program will require the following:

- In Person Appointment with CBIZ
- A copy of your last income tax form
- All applicable W-2 forms
- Two most recent pay-stubs from each employed adult in the family
- A copy of the check-stub from the unemployment payment if either parent is collecting unemployment.

**PROFESSIONAL COURTESY AND CODE CHANGE REQUESTS:** We greatly value our privilege to provide medical care to all of our patients. In accord with state and federal regulations, it is potentially unlawful to accept "insurance only", to waive copays, and/or to alter codes that accurately depict medical services rendered. For these reasons, the practice of making "professional courtesy" adjustments is strictly prohibited for all Hunterdon Healthcare Practices, as is the practice to alter codes that accurately depict services rendered, as doing so would be considered **fraud**.

**RETURNED CHECK POLICY:** If we receive a *Non-Sufficient Funds (NSF)* returned check, we will immediately notify the patient or responsible party. We will request that exchange with cash for the *NSF* check is made at the appropriate office within 24 hours. If payment is not received within 24 hours, a \$30 returned check fee will be charged along with the check amount. If payment is not received within 30 days, appropriate legal action will take place.

**'NO-SHOW' POLICY:** Our physician practices have a policy to charge a 'No-Show' fee of \$25.00 (unless determined otherwise) when a patient has **not shown up** for his/her appointment without contacting our office within a reasonable amount of time prior to the appointment. In most cases, that reasonable amount of time is 24 hours. We appreciate your effort to call the practice in advance if you cannot keep your scheduled appointment.

**ROUTINE PREVENTIVE CARE:** Preventive care visits are very important. However, your insurance plan **may** have **limited coverage** on routine preventive services **or no coverage at all** for them. Please contact your carrier to become familiar with your routine preventive service benefits prior to your annual physical exam visit. If you receive non-covered preventive services, you will be held financially responsible for them. If you are a new Medicare beneficiary with Part B benefits, you are eligible for the **Initial Preventive Physical Exam (IPPE)** within the first twelve months of your coverage; be certain to let the office know this when you call to schedule your IPPE visit. As of January 1, 2011, Medicare also offers an **Annual Well Visit (AWV)**. A full 12 months must span between preventive visits. To find out more about additional preventive services allowed for Medicare beneficiaries, you may wish to call 1-800-MEDICARE (1-800-633-4227) or visit [www.medicare.gov](http://www.medicare.gov).

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**Again, we appreciate your ongoing support as we continue to make every effort to make the financial aspect of your healthcare as simplified and efficient as possible.**