

New Mexico
CLINICAL RESEARCH & OSTEOPOROSIS CENTER, INC.

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FINANCIAL POLICY

Proof of Insurance Coverage is Required:

Please bring your insurance identification card(s) with you to every office visit. We make copies of your card(s) each time to assure that your records are accurate and current. Time permitting, we will check on your insurance coverage prior to your appointment; however, verbal communication with your insurance carrier is never a guarantee that they will pay your claim. Prior to your visit, please confirm with your insurance carrier that your insurance coverage is in effect. It is best that you know your policy limits to minimize out-of-pocket expenses.

If you do not have current insurance coverage and your service exceeds \$100, we require a minimum payment of \$100 at the time of service. We will arrange a payment plan for you on the balance. If you are unable to meet this financial obligation, please call our billing office prior to your appointment to arrange for a payment plan. This will be limited to four (4) consecutive monthly installments, due by the 20th of each month. Failure to make monthly payments or failure to respond to a final statement may result in your account being turned over to a collection agency and the healthcare provider discharging you from further medical care. Should this occur, you will be provided with a 30-day notice. Should your account be turned over to a collection agency, a "collection fee" will be added to the account balance.

Insurance Coverage and Benefits Verification

Your insurance benefits may vary depending on our status as a contracted provider with your insurance carrier. Please be sure to inquire regarding this prior to being seen, as this information can change without notice, and may subject you to additional costs.

As a courtesy and time permitting, we attempt to verify your insurance benefits prior to your visit. **However, it is your responsibility to know the limits of your insurance benefits.** We suggest that if you are unsure about your coverage, you call your insurance company's member services department prior to your appointment.

Co-Pays, Coinsurance and Deductibles:

You will be responsible to pay your primary insurance co-pay, and any outstanding balance on your account, **on the day of your visit prior to being seen by the provider.**

You will be responsible for any coinsurance or deductible amounts for that day's visit. We accept cash, personal checks (no two-party checks), Visa, MasterCard, American Express, and debit cards. There will be a \$25 fee if your check is returned by your bank **for any reason.** This fee may change without notice.

If you cannot meet these obligations, please call our billing office to make arrangements **prior to your visit.**

Referrals/Doctor's Order:

If your insurance company requires a **referral or you are having a procedure that requires a doctor's order (i.e. bone density testing)**, you must obtain the referral or doctor's order from your primary care physician and provide a written verification prior to, or at the time of your appointment. If a referral or a doctor's order is required and you do not bring one to the appointment, you may (a) be reschedule to provide you the opportunity to obtain a referral or order, or (b) be asked to sign a release prior to your procedure and pay all charges for the visit at check-out.

It is your responsibility to (a) know if a referral is required by your primary insurance carrier, (b) to obtain a doctor's written order when one is required, and (c) to provide us with the written referral or doctor's order prior to your scheduled appointment.

If You Can't Keep Your Appointment:

If, for any reason, you are unable to keep your appointment, it is important that you call to cancel no less than 24 hours prior to your scheduled appointment time. This procedure gives us an opportunity to offer an immediate appointment to a patient who needs to be seen urgently.

Statements:

If you have an outstanding balance on your account, you will receive a monthly statement. You are encouraged to pay the balance in full upon receipt to avoid further collection procedures, which may add to the amount you owe. If regular payments work best for you, please contact our billing office to discuss your options. Failure to make monthly payments or failure to respond to a final statement may result in your account being turned over to a collection agency and the healthcare provider discharging you from further medical care. Should this occur, you will be provided with a 30-day notice. Should your account be turned over to a collection agency, a "processing and collection fee" will be added to the account balance. Failure to make prior arrangements for credit privileges can damage your credit rating and subject you to additional amounts due.

We are not able to grant a discount, waive the co-pay, coinsurance or deductibles for any reason.

If you know you will be unable to meet your financial obligation for scheduled services, please contact our billing office prior to your appointment.

Credit Balances:

If for any reason, your account shows a credit balance (an overpayment from you or your insurance company); the proper refund will be made in a timely manner.

Please feel free to call our billing office at any time to discuss your account.

REVISIONS TO THIS POLICY:

We may revise this Credit Policy without notice. Copies will be available at our reception desk and in our Waiting Room. You may also call our Practice Manager to request that a copy of our Credit Policy be mailed to you.