

## Patient Payment Policy

Please review the following policy for an understanding of what is expected in your situation.

### If You Have Commercial Insurance

Also known as indemnity, "regular" insurance, or "80%/20% coverage."

#### ***Patients are Responsible for:***

Payment of all office visits, x-rays, injections, and other charges at the time of office visit.

#### ***Staff Will:***

Call your insurance company ahead of time to determine deductibles and coinsurance (as time allows). File an insurance claim as a courtesy to you.

### If You Have HMO & PPO plans with which we have a contract

#### ***Patients are Responsible for:***

If the services you receive are covered by the plan: All applicable copays are expected at the time of the office visit.

If the services you receive are not covered by the plan: Payment in full is expected at the time of the visit.

#### ***Staff Will:***

Call your insurance company ahead of time to determine copays, deductibles, and non-covered services.

File an insurance claim on your behalf.

### If You Have HMO with which we are not contracted

#### ***Patients are Responsible for:***

Payment in full for office visits, x-rays, injections, and other charges at the time

of office visit.

***Staff Will:***

Staff will collect \$200 before the first visit and the balance will be collected on check out.

**If You Have PPO with which we are not contracted**

***Patients are Responsible for:***

Payment of the patient responsibility - deductible, copay, non-covered services  
- at the time of the visit.

***Staff Will:***

Call your insurance company ahead of time to determine out of network benefits, copays, deductibles, and non-covered services. File an insurance claim on your behalf.

**If You Have Medicare**

***Patients are Responsible for:***

If you have Medicare as primary, and also have secondary insurance or Medigap: No payment is necessary at the time of the visit. (COG is not a participating provider with any Medicare HMO's.)

***Staff Will:***

File the claim on your behalf, as well as any claims to a secondary insurance.

**If You Have Workers Compensation**

***Patients are Responsible for:***

If we have verified the claim with your carrier and/or employer, no payment will be requested at the time of the visit. If we are not able to verify your claim, payment in full is expected at the time of your visit.

**Staff Will:**

Call your carrier/employer ahead of time to verify the accident date, claim number, primary care physician, employer information, and referral process. Staff will collect \$200 before the first visit and the balance will be collected on check out.

**If You Have Workers Compensation (Out of State)**

***Patients are Responsible for:***

Payment in full is expected at the time of the visit (Self-Pay).

**Staff Will:**

Staff will collect \$200 before the first visit and the balance will be collected on check out.

**If You Have No Insurance**

***Patients are Responsible for:***

Payment in full at the time of the visit.

**Staff Will:**

Staff will collect \$200 before the visit and the balance will be collected on check out.