



Madhu Prasad M.D., FACS | Sherry Johnson D.O.

## Financial Policy

Welcome to Far North Surgery (FNS). We understand that many patients find financial matters surrounding their medical care to be very complex and often confusing. We will do our best to answer your questions, but we recommend calling your insurance carrier if you are unsure of your coverage.

1. **Insurance-** It is your responsibility to know your insurance benefits. If you are unsure of your benefits, please contact your insurance carrier with questions. All patients with insurance coverage of any type must show their insurance card for us to bill your insurance. If you do not provide proof of insurance, you will be expected to pay in full at the time of service and will be considered as a self-pay patient until the appropriate billing information is provided to our office.
2. **Co-Payment, Deductible, and Fees-** Co-pays, deductible, and/ or coinsurance is collected at each visit without exception. This is part of your contractual obligation with your insurance company. You will be billed for any amount not covered by your plan in addition to your deductible, and/or co-insurance amounts not collected at the time of service.
3. **Self-Pay, Uninsured Patients-** FNS offers a discount for patients who may not have health insurance coverage. Patients who have no insurance coverage will be responsible for the total cost of services rendered at the time of service. If needed, arrangements may be made on an individual basis with the office manager **prior** to your visit.
4. **Surgeries/ Procedures-** If surgery is scheduled, you may be asked to make a down payment prior to surgery. If needed, the office manager is happy to assist you in developing a payment plan prior to services being rendered.
5. **Workers Compensation-** We accept Workers' Compensation (WC) claims, your claim must be open and accepted with the WC entity. You must provide your carrier's information including company, adjustor, phone number, claim number and date of injury. No payment is required at the time of service.
6. **Claims Submission-** As a courtesy we will submit claims to your insurance carrier on your behalf for services rendered. Please understand that the balance of your unpaid claim(s) is your responsibility.
7. **Payment Plans-** Payment plans must be established through FNS's office manager. Please note our payment plans are determined on an individual basis.
8. **Missed Appointments-** Unless they are cancelled at least 24 hours in advance, our policy is to charge \$50.00 for missed appointments. This fee is not covered by your insurance plan and is your responsibility.
9. **Prompt Payments-** Balances are due within 30 days of your first statement. You will receive 2 statements over a 90-day period. Unless you have established a payment plan with our office manager, any remaining balance at 90 days can be sent to a collection agency. If your insurance company pays you directly by check for services provided by FNS, **you are legally obligated to bring it to us promptly**. If not, you will be sent to Cornerstone Collection Agency.

**My signature below verifies that I have been notified of and agree to the financial policies of Far North Surgery.**

---

Guarantor/ Patient Signature

---

Printed Name

---

Date Signed