Laird + Laird
Surgical Associates, PLLC

Financial Policies

Purpose

The financial policies within this document apply to all patients of Laird and Laird Surgical Associates, PLLC and apply equally to patients seen in the office, surgery center, emergency room, and hospital settings.

These financial policies were developed to encourage timely payment of balances for medical services rendered to our patients. Fees are in place to cover material costs and labor incurred for appointment times reserved, obtaining referrals and authorizations, and attempting to recover balances owed to Laird and Laird Surgical Associates, PLLC for services rendered.

Non-medical fees assessed are not covered by any insurance plan, including Medicare and Medicaid. Patients are solely responsible for paying these fees and will be required to pay for all fees in full before future appointments will be scheduled.

We reserve the right to change the financial policy at any time without prior written consent or knowledge of the patient. The current policy is always available online at www.lairdsurgical.com or in print by contacting the office at 734-307-3040 or 2128 W Jefferson Ave, Trenton, MI 48183.

Summary of Fees

A Summary of Fees is provided to all new patients in the Summary of Financial Policies and Notice of Privacy Practices. The summary of fees is to help communicate the potential fees the patient can incur. Detailed explanations can be found in this Financial Policies document.

Appointments and Cancellations

We gladly reserve office appointment times for patients. As a courtesy, we will attempt to remind patients of their appointment at least 2 days prior to the scheduled date and time. Methods include automated text messages, automated emails, automated voice messages, and manual voice messages. Where possible, we will use the method preference of the patient, as indicated on patient intake forms. However, by providing information for any of these methods, we reserve the right to contact the patient by any or all these methods. In the event the mailbox is full, or the line is busy, our efforts to contact a patient may be unsuccessful. An appointment is a contract of time reserved for treatment, and ultimately the patient is responsible for arriving to his/her appointment on time. The purpose of fees is to discourage no shows and late cancellations.

We charge $25 for regular appointments cancelled or rescheduled without advance notice of 24 hours or more.

We charge a $100 cancellation fee for surgery cancelled or rescheduled without providing us notice 7 days or more prior to the appointment.

Insurance plans, including Medicare and Medicaid, do not cover these fees. Patients are responsible for paying these fees and will be required to pay for all fees in full before future appointments will be scheduled.

Surgery Scheduling and Deposits

If a patient needs a surgical procedure, our office will work with the patient to schedule a date for surgery. Surgery is not offered on every day of the week, and the available dates are often dictated by the hospital's existing schedule.

To confirm a date of surgery, a good faith estimate of the patient's cost share is required as a deposit. This minimizes the amount billed to the patient later. The final amount owed is determined by the patient's insurance, and might be slightly more or less than the good faith estimate.

This deposit will be used towards the final amount the patient owes for surgery.

If surgery is cancelled or rescheduled by the patient with less than 7 days notice, a $100 cancellation fee with be charged, and the deposit will be used to cover this fee.

To reschedule the date of surgery, a new good faith estimate will be calculated based on all current insurance information available, and the entire estimated amount must be on file.

No deposit is required if the procedure is covered in full by the insurance plan. However, a cancellation fee will still apply if surgery is cancelled or rescheduled with less than 7 days notice, and must be paid in full before a new surgery date will be confirmed. Insurance does not cover this fee.

Post-Surgical Care

Routine post-operative surgical care is included in the fee for the procedure, as dictated by the global period set by the American Medical Association and the Centers for Medicare and Medicaid Services.

- Endoscopy (EGD and Colonoscopy) and certain procedures do not have included post-surgical care, and all future office visits will require payment of a co-pay and any applicable fees for the visit.
- Minor procedures include 10 days of routine post-operative care at no additional cost or co-pay.
- Major procedures include 90 days of post-operative care at no additional cost or co-pay.
- New problems or additional procedures, even during the included post-surgical period, will require a co-pay and applicable charges.

It is the patient's responsibility to arrange appropriate follow-up with our office by calling and making an appointment.

Insurance

As a courtesy to our patients, we will file the forms necessary so that each patient can receive the full benefits of his/her medical coverage. It is the patient's responsibility to read his/her insurance policy to be fully aware of any limitations of the benefits provided, including co-pays, deductibles,

and co-insurance. Patients concerned about coverage for any of our services should contact their insurance company before the office visit or surgery.

Referrals are sometimes needed, especially for HMO plans. Our office makes a good faith effort to verify when a referral is needed, and that it was submitted correctly by the patient's referring physician. Ultimately, it is the patient's responsibility to make sure the referral is obtained before being seen in our office. If the patient's insurance company denies a valid medical claim due to a lack of a referral, and one cannot be obtained retroactively, the patient will be responsible for the cost of medical care provided.

Authorizations are often needed for surgery. Our office will contact your insurance company to verify if an authorization is needed and complete any necessary paperwork. On a rare occasion, the insurance agent gives our office incorrect information regarding a need for an authorization, and ultimately denies the claim. While we will do our best to correct this with the insurance plan directly, if the claim is denied for a lack of authorization, when we made appropriate inquiries with the insurance plan to obtain an authorization, the patient will be sent a bill for the entire charge.

Insurance coverage is a contract between the patient and his/her insurance company and/or the employer and the insurance company. Although we will make a good faith effort to assist patients in obtaining their benefits, we cannot force an insurance company to pay for the services we have provided. Ultimately, each patient will be responsible for any outstanding balances on his/her account, except where prohibited by law or existing contracts with the insurance company.

Assignment and Release

All patients are required to authorize insurance payments be made directly to Laird and Laird Surgical Associates, PLLC by signing the Summary of Financial Policies and Notice of Privacy Practices. If a patient refuses to sign the release, he/she cannot become a patient of Laird and Laird Surgical Associate, PLLC.

Insurance companies sometimes request medical information to correctly process and pay medical claims. We will provide this information as required.

On occasion, an insurance company might send payment to the patient directly when it should have been sent to Laird and Laird Surgical Associates, PLLC. When this happens, the patient needs to forward and endorse that insurance check to Laird and Laird Surgical Associates, PLLC to cover services rendered. Failure to do so is insurance fraud, and Laird and Laird Surgical Associates, PLLC reserves the right to notify the patient's insurance carrier and the Michigan Department of Insurance and Financial Services. We also reserve the right to use legal action to obtain payment from the patient.

Outstanding Deductibles

Many insurance plans have deductibles that must be met by the patient before any insurance benefits will be paid for medical services. Patients with outstanding deductibles will be required to pay the entire outstanding deductible plus applicable co-pay or $200, whichever is less, at the time

of the office visit. This amount will be applied to the patient balance after insurance is billed for the visit. If additional money is due from the patient, the patient will be billed the remainder. If any overage was collected, it will be applied to the patient account balance or refunded.

Out of Network Services

While we accept many insurance plans in Southeast Michigan, if we are not enrolled in a patient's specific insurance plan, all visits and surgery will be considered "Out of Network". Out of network insurance coverage is often limited. Some plans do not provide any coverage for out of network services. All out of network services must be paid in advance and in full for any office visit or surgery.

We do NOT bill the insurance company for Out of Network patients.

We can provide the patient a copy of the office visit or procedure, with applicable billings codes, and a receipt. The patient can submit this information to his/her insurance carrier directly for reimbursement.

Tiered Plan Benefits

There are some insurance plans that have tiered networks, with tier 1 benefits being a significantly lower cost to the patient than tier 2 or tier 3 benefits. Our office makes a good faith effort to identify plans with a tiered system, and we ask for the patient to call the insurance plan directly to verify which tier Laird and Laird Surgical Associates, PLLC is in before being seen in the office.

Uninsured Patients

Any patient without active insurance will be required to pay for office visits and surgery in advance and in full. The standard fee schedule of Laird and Laird Surgical Associates, PLLC will apply.

Retroactive Insurance Cancellation

In rare circumstances, patients lose insurance coverage, and the deactivation date was in the past. If this occurs and the patient does not notify Laird and Laird Surgical Associates, PLLC of an alternate insurance that can be billed for the services rendered, the patient will be sent a bill. Retroactive cancellation, reversal of insurance payments, and internal accounting can take a significant amount of time to occur, sometimes over 1 year. As such, all balances due are considered valid regardless of when the patient becomes aware of the outstanding balance, as medical services were rendered on the date of service in good faith that payment would be made. Any unpaid balance not sent to collections will remain on file with the practice indefinitely, and will be required to be paid before additional services will be rendered.

Payment in Advance and In Full

Any patient or insurance company who pays for services in advance and in full will be given a 35% discount from the standard fee schedule. If the method of payment is declined or disputed, such as a returned check or disputed credit card charge (i.e., chargeback), the discount will no longer apply, and the patient or insurance will be billed for the entire outstanding balance.

Payment for Services

We gladly accept cash, check, and all major credit cards. We do not offer payment plans or financing. Returned checks will result in a $40 fee.

Co-pays and co-insurance are due before being seen on the day office appointments. Per contracts with insurance carriers, we cannot waive co-pays.

Credit Card on File Policy

Currently, Laird and Laird Surgical Associates, PLLC does not keep credit cards on file for any purpose. All transactions are single swipe of the card or manual entry only. Our credit card processor is able to complete some refunds without swiping or manual entry, however none of our staff are able to see the full credit card number. For any refunds that cannot be completed automatically, the patient will be contacted to process the refund.

Credit Card Chargebacks

When a patient disputes a credit card charge, Laird and Laird Surgical Associates, PLLC is charged a fee by the merchant services processor, even if the chargeback is found to be fraudulent. If after our review of the dispute we believe that the original charge was completed in good faith on our part, we will add a $150 charge to the account to cover our time and expenses in disputing the chargeback with the merchant services processor. The patient will not be allowed to use a credit card to pay for services at Laird and Laird Surgical Associates, PLLC in the future.

Minor and Parent or Guardian Responsibility

When a minor is seen in the office, a parent or guardian is required to be at the first visit and requested (but not required) to be at all subsequent visits. Whoever accompanies the child to their appointment has authorization to consent to medical care as needed, and is responsible for payment of medical services.

Late Fees and Assignment to Collections

A bill will be sent to you after the insurance claim is filed, your insurance company determines your cost share, and we have had time to apply this information to your account.

A $35 late fee will be charged if the bill is not paid in full by the due date, which is 30 days after the bill is printed. A second notice will be sent with the late fee applied. If the second bill is not paid by the due date, an additional $35 late fee will be added, and we reserve the right to assign your balance to a collection agency.

Any unpaid balance not sent to collections will remain on file indefinitely, and must be paid in full before the patient can be seen again.

Patients Seen in the Hospital

Due to the urgent nature of medical care required within the hospital setting, co-pays, deductibles, and co-insurance will not be collected before care is rendered. Deposits for surgery are also not requested. The patient's insurance(s) will be billed appropriately and the patient will be billed.

All other financial policies will remain in effect, including balances for out of network services, late fees, returned check fees, and no show fees.

Coordination of Benefits

For patients with two or more insurances, a coordination of benefits must be on file with all insurance companies. This makes it clear which order the insurances should be billed, allows for seamless claims adjudication, and prevents denials. Laird and Laird Surgical Associates will not see any patients with multiple insurances that do not have a coordination of benefits on file.

In the event that a patient is seen and denials are obtained do to disputes on which insurance is responsible, the patient will be sent a bill for the full amount per our Dispute of Financial Responsbility below.

Dispute of Financial Responsibility

Some medical claims will be disputed by one or more insurance companies regarding their financial responsibility to pay the claim. This occurs most commonly for auto insurance and workman's compensation claims, but can also occur with traditional medical insurance. If there is still a dispute at 180 days after the services were rendered, a bill for the full amount will be sent to the patient, and payment in full is expected within 30 days of the billing date. All late fees and policies regarding assignment to collections will apply.

Refunds

On occasion a positive balance will be on the patient's account after the medical claim is processed by the insurance carrier(s). Once all outstanding claims are processed for the patient, any positive balance will be refunded. When possible, the refund will be the same as the original method of

payment. If a refund is issued by check, the bank determines when the check is no longer valid, and is typically 120 days after the issue date.

In the event that a patient does not receive the check or forgets to deposit it timely, it is up to the patient to notify Laird and Laird Surgical Associates, PLLC to request the refund be reissued.

Timely Filing of Claims

Laird and Laird Surgical Associates, PLLC aims to file all insurance claims promptly, and within 30 days when possible. However, at times delays in claim filing might occur for a variety of reasons. Each insurance carrier sets a deadline for timely claim filing, ranging from 60 days to 2 years after the service was rendered. Any claim filed by Laird and Laird Surgical Associates, PLLC within the patient's insurance carrier's timely filing deadline will be considered a valid claim, and any balances owed by the patient will be billed accordingly. If Laird and Laird Surgical Associates, PLLC does not file the claim by the insurance carrier's timely filing deadline, the claim is no longer valid, and the patient will not be charged the balance.

Timeliness of Bills

Due to the nature of medical billing, it can take a significant amount of time (months to over 1 year) to complete the insurance billing, disputes, and internal accounting processes. As such, all balances due are considered valid regardless of when the patient becomes aware of the outstanding balance, as medical services were rendered on the date of service in good faith that payment would be made. Any unpaid balance not sent to collections will remain on file with the practice indefinitely, and will be required to be paid before additional services will be rendered.

Waiving of Fees

The management of Laird and Laird Surgical Associates, PLLC has the sole discretion to waive fees for an individual patient. Waiving fees will only be done in unusual and extenuating circumstances, and will be made on a case by case basis.

Notification of Non-Payment and Collections

Insurance contracts significantly discount our standard rates to below that of many other industries. Despite this, some patients refuse to pay outstanding balances. As the amount owed is based on a contract between the patient and his/her insurance company, we can notify the insurance carrier if balances are not paid, as it is a breach of contract on the patient's part, and can result in cancellation of his/her policy.

It is not the intention to have any patient sent to collections. However we do expect to be paid for surgical services rendered, whether at the office or the hospital. And will on a case by case basis decide to send outstanding bills to collections based on the size of the balance and length of time

overdue. Any unpaid balance not sent to collections will remain on file with the practice indefinitely, and will be required to be paid before additional services will be rendered.