

MINNESOTA EPILEPSY GROUP, P.A.
225 Smith Avenue N., Suite 201
St. Paul, MN 55102

BILLING AND COLLECTION POLICY

Phone: (651) 241-5327

Fax: (651) 241-5680

Thank you for choosing Minnesota Epilepsy Group, P.A. to participate in your health care. We believe that explaining our billing and collection policy at the beginning of our professional relationship gives you time to ask questions and helps avoid misunderstandings. Please read the following information regarding our billing procedures and your financial responsibilities.

MEDICARE/MEDICAL ASSISTANCE

We are participating providers for the Medicare Program. **We must have a copy of your Medicare card.** If you have a supplemental policy, please give us a copy of your insurance card and our Business Office will submit the bills for you.

We also accept Minnesota Medical Assistance. **A copy of your current medical card will be required at each visit.** You will be responsible for any spend-down amounts.

Patients with Medicare and/or Medical Assistance will be provided with an Advanced Beneficiary Notice for any service that we suspect may not be covered. If you sign the notice, you will be responsible for the payment of those non-covered services.

HMO/PPO CONTRACTED PLANS

We are contracted with several HMO and PPO insurance plans. Co-payments will be due at the time of each visit. You will be billed for deductible and non-covered items. **A copy of your current medical card will be required at each visit.** If you did not obtain the proper referrals, you will be responsible for payment of all charges. Any services that are denied by your insurance company become your full responsibility.

PRIVATE INSURANCE

A copy of your current insurance card will be required at each visit. We do *not* accept Usual and Customary allowances as dictated by private insurance companies. We will provide additional documentation, if necessary, in order for the insurance company to re-process your claim.

NO INSURANCE

If you do not have insurance coverage, one half of the estimated cost of services is payable **on or before the day of service.** Payment in full is due within 30 days of service.

MENTAL HEALTH SERVICES/PSYCHOLOGY/NEUROPSYCHOLOGY/SNT

Please note that many insurance companies have their own guidelines regarding payment for mental health services. In addition, coverage for mental health services is often different than what Medicare, Medicaid, managed care companies and private insurance companies pay for medical services. It is your responsibility to know and understand the rules of your insurance plan. This includes, but is not limited to, knowing: if a referral is needed, the amount of your co-pay, and the limitations on services provided (e.g., number of visits per year, type of visits allowed, etc.).

REFERRALS

If your insurance plan requires a referral for you to see our physicians **you must get a referral from your primary care physician before you are seen at our clinic or are hospitalized.** Failure to get your referral could reduce your insurance benefit or leave you responsible for the total charge(s).

CO-PAYMENTS AND AMOUNTS NOT COVERED BY INSURANCE

You are responsible for any amounts not paid by insurance. This includes co-payments, deductibles and any adjustments for usual and customary fee reductions. If you have questions regarding co-pays or usual and customary reductions, call our Business Office and we will be happy to mail you further information.

It is your responsibility to pay the co-payment amount at the time of your visit to our clinic. We accept personal checks, cash, VISA/MasterCard/American Express or money orders. Checks and money orders should be payable to: Minnesota Epilepsy Group, P.A.

BILLABLE TELEPHONE VISITS

Telephone visits are a service we provide as a convenience to our patients. Telephone visits, like office visits, are billed based on the level of complexity of the issues discussed. Any charges not covered by insurance are your responsibility.

FAILURE TO CANCEL APPOINTMENTS

If you are unable to keep your appointment you must cancel this appointment at least 48 hours in advance. Failure to cancel your appointment will result in a billing charge that you will be responsible to pay because your insurance will not cover cancelled appointment charges.

BILLING AND MONTHLY STATEMENTS

In the interest of convenience and efficiency, we will bill your insurance company directly for all services provided. Statements are mailed to the patient/guarantor monthly following the initial correspondence received from your insurance company.

PAYMENT TERMS

After your insurance company has paid its portion of the bill, **the remaining balance becomes your responsibility** and is due within thirty-days (30) of the statement date. If you are unable to pay the amount due by the due date, please call us to set up a payment plan that is reasonable and acceptable to all.

We use a collection agency as a last resort in cases where the terms of a payment arrangement or terms of our collection policy have not been met. If you have not paid the balance due within 30 days of the statement date and have not made payment arrangement with our Business Office, we will refer your account to a collection agency.

We at Minnesota Epilepsy Group, P.A. realize the financial responsibility of your treatment can be a burden. To alleviate this as much as possible, we encourage you to talk to us about your account. The Business Office staff will help you with your questions and concerns.

651 241-5327 Monday through Friday, 11:00 to 6:00 pm
and
651 241-5319 Monday through Friday, 9:00 to 4:30 pm

Please keep this copy of the Billing and Collection Policy for your reference.