



Southside Medical Care

BILLING POLICIES AND PROCEDURES:

PAYMENT IS EXPECTED AT THE TIME SERVICES ARE RENDERED. WE ACCEPT CASH, CHECK, DEBIT, VISA, MASTER CARD, AMERICAN EXPRESS AND DISCOVER.

IN ORDER TO HONOR INSURANCE BENEFITS, YOU MUST PROVIDE YOUR CURRENT HEALTH INSURANCE CARD EACH TIME YOU VISIT OUR OFFICE.

IF YOUR INSURANCE PLAN REQUIRES A PRIMARY CARE PHYSICIAN, OUR PHYSICIAN'S NAME/PRACTICE NAME MUST BE LISTED ON YOUR INSURANCE CARD. IF WE ARE NOT LISTED AS YOUR PRIMARY CARE PHYSICIAN YOU MAY PAY FOR SERVICES OUT OF POCKET OR YOU MAY RESCHEDULE YOUR APPOINTMENT WHEN YOU HAVE CHOSEN ONE OF OUR PHYSICIAN'S/MEDICAL PRACTICE AS YOUR PRIMARY CARE DOCTOR.

IF YOU BELONG TO A MANAGED CARE INSURANCE PLAN, ALL APPLICABLE FEES ARE DUE AT THE TIME OF SERVICES. PLEASE REFER TO YOUR CO-PAY SCHEDULE.

IF YOUR INSURANCE COMPANY HAS A DEDUCTIBLE/CO-INSURANCE AND YOU HAVE NOT YET MET THE DEDUCTIBLE YOU WILL BE RESPONSIBLE FOR PAYMENT AT THE TIME SERVICES ARE RENDERED. WE WILL COLLECT THE PERCENTAGED BASED ON OUR STANDARD FEE SCHEDULE.

OUR OFFICE SUBMITS THE MAJORITY OF CLAIMS ELECTRONICALLY TO YOUR INSURANCE COMPANY WITHIN 24 HOURS OF YOUR VISIT. MOST INSURANCE COMPANIES SEND PAYMENT TO US WITHIN 23 BUSINESS DAYS. YOUR INSURANCE COMPANY SENDS TO YOU AN EXPLANATION OF BENEFITS STATING WHAT YOUR PATIENT RESPONSIBILITY IS FOR YOUR CLAIM. FROM THE EXPLANATION OF BENEFITS YOU KNOW THE EXACT AMOUNT YOU OWE TO SOUTHSIDE MEDICAL CARE AND WE ASK THAT YOU REMIT PAYMENT WHEN YOU RECEIVE THIS INFORMATION FROM YOUR INSURANCE COMPANY.

WHEN YOU COME TO THE OFFICE FOR AN APPOINTMENT AND THERE IS A BALANCE ON YOUR ACCOUNT WE REQUIRE PAYMENT OF THAT BALANCE AT THE TIME OF SERVICE.

THERE WILL BE A \$35.00 FEE FOR ANY CHECK OR DRAFT DISHONORED BY ANY FINANCIAL INSTITUTION.

IN THE EVENT OF COLLECTION PLACEMENT OF AN ACCOUNT A **LATE FEE OF \$25.00** WILL BE ADDED IN ADDITION TO THE BALANCE SUBJECT TO THE COLLECTION.