

# Korunda Medical, LLC.

## FINANCIAL POLICY

Thank you for choosing Korunda Medical as your health care provider. We are committed to building a successful physician-patient relationship with you and your family. Part of this good practice is to provide you with a clear understanding of our financial policy.

### CO-PAYS/DEDUCTIBLES/ CO-INSURANCE

Payments are due at time of check-in unless previous arrangements have been made with the billing department. We accept cash, check or credit cards. Absolutely no post-dated checks will be accepted. Payments include all co-pays, deductibles, co-insurance and non-covered charges along with any past due balances. In addition, payment in full must be made if you do not have insurance, or if your coverage is currently under a pre-existing condition clause.

### MEDICARE PART B

All Physicians/Providers at Korunda Medical, LLC are participating providers with Medicare Part B. Please be aware that Medicare has an annual deductible at the beginning of every year. After your deductible has been met, Medicare only pays for 80% of allowed charges. You will be responsible for the deductible and for the remaining 20% co-insurance. If you have supplemental insurance, it is your responsibility to provide us with that information. **Any remaining balance after payment from Medicare and the supplement insurance will be your responsibility.**

### INSURANCE

Insurance is a contract between you and your insurance company. As a courtesy to you we will bill your primary insurance company. We are required to collect all co-pays, deductibles and coinsurance due to our contracts with your insurance. It is your responsibility to provide us with all your insurance information both primary and secondary or any changes made to your insurance. Failure to do so may result in patient responsibility in full.

Although we may estimate what your insurance company may pay, it is the insurance company that makes the final determination of your eligibility and benefits. If your insurance pays you directly, you are responsible for payment and agree to forward the payment to us immediately.

If your insurance company is not contracted with us, you agree to pay any portion of the charges not covered by your insurance.

### WORKER'S COMPENSATION

If you have a worker compensation claim, it is your responsibility to provide us with any/all necessary billing information prior to your first visit. If this information is not provided, you will be asked to either reschedule your appointment or pay for your visit at the time of service. Once the worker's compensation carrier has released you from its financial responsibility or if benefits are denied, you will be responsible to pay in full for services rendered. Please understand that worker's compensation requires prior authorization for each office visit and/or procedure.

### PERSONAL INJURY OR MOTOR VEHICLE ACCIDENT

As a courtesy, this facility will bill your MVA Insurance once you have provided us with all the necessary billing information for your claim. If this information is not provided, you will be asked to either reschedule your appointment or pay for your visit at the time of service. Due to extreme delays of payment associated with such cases, Korunda Medical LLC., regrets to inform you that we do not accept letters of protection.

