



## Financial and Office Policy

Thank you for choosing The Finley Center as your healthcare provider. We are committed to providing the best medical care possible. Please understand that payment of your bill is considered a part of your treatment. The following statement explains Financial and Office Policy, which we ask you to read, sign, and return to us prior to your treatment.

### **Financial Policies:**

- All patients should provide accurate and complete personal and insurance information prior to being seen by the provider. Please notify the receptionist of any changes to your insurance prior to your appointment or else you will be responsible for paying the full amount of the visit for that day. Once our office is able to verify benefit information, your account will be credited for any difference due to you.
- We will collect your deductible, co-payment, or charge for non-covered services at the time of your visit. If you have a balance after an insurance payment from a previous service, we will ask for that payment prior to your next appointment.
- Self-pay patients are expected to pay at the time of service.
- We accept cash, check, or credit card.

### **Regarding insurance:**

We participate in various insurance plans. **It is your responsibility to contact your insurance carrier, prior to scheduling your first appointment, to verify that we are an authorized provider and services you seek are covered on your policy.** The CPT Codes which may or may not be used during your course of treatment are listed on the last page of this document. **If you do not wish to receive a service due to an insurance coverage limitation it is your responsibility to notify your provider at the time of service.** For some other insurance(s) we accept assignment for benefits, but in all cases we require that the guarantor, the person financially responsible, is personally liable for all balances not covered by insurance. **It is your responsibility to understand and comply with any predetermination of benefits or referral requirements.** Please be aware that some, and perhaps all, of the services (including but not limited to disability reports and/or medical records requests) may be non-covered services or may not be considered medically necessary under the Medicare Program, or by other insurance companies.

### **Usual and Customary Rates:**

We are committed to providing the best treatment for our patients and we charge what we believe to be reasonable and customary fees for our region and specialty. If your insurance company uses a different fee schedule, you will be responsible for any balance remaining.

### **Missed Appointments:**

**Unless cancelled at least 24 hours in advance on a business day, our policy is to charge a cancellation fee equal to that of your regularly scheduled appointment.** Please help us to better serve you by keeping scheduled appointments. This fee is not covered by insurance, and so your insurance discount does not apply and the full amount billed will be your responsibility.

### **Balances:**

Statements are mailed monthly and payment in full is due upon receipt. Balances 30 days past with no payment agreement will be charged a \$25.00 fee and go straight to pre-collection status.

**Past Due Accounts:**

All past due balances are to be paid in full at least 7 days prior to the current scheduled appointment date. If payment is not received at least 7 days prior, please be aware the appointment may be cancelled, and can be rescheduled once the balance is paid in full.

**Collection Referral:**

Overdue accounts will be referred to a collection agency. All fees that we incur to secure past due balances will be charged to your account. Currently we are charged 35% of all balances collected. This means that in addition to your past due balance, 35% of that balance will be charged to your account and sent to collections as well.

**Co-pay Balances:**

Payment of co-pays/co-insurances, deductible, or charges for non-covered services is expected at the time of service. If the balance is not paid on the date of service, a \$5.00 fee will be charged to your account. This fee is not covered by insurance, so it will be your personal responsibility.

**Returned Checks:**

For checks returned to us by your bank, we will charge a \$25.00 fee.

Remember, regardless of insurance status, you are ultimately financially responsible for payment of your charges. By signing below, you acknowledge that you have read and agree to the Financial Policy of The Finley Center.

**Office Policy:**

- If you arrive for your appointment more than 15 minutes late, please be aware that there is a possibility that your appointment may be rescheduled, as to not inconvenience the next scheduled patient and you may incur a cancellation fee.
- If you cannot keep your appointment, please call 775-337-1334 to cancel or reschedule your appointment at least 24 hours in advance on a business day. **Failure to do so will result in a cancellation fee equal to that of your regularly scheduled appointment.** We do understand that emergencies occur and will work with you on an individual basis should such occur.
- When an appointment is made with The Finley Center, time is specifically allocated for you. **Missed or "no-show" appointments will be charged to your credit card.** As a courtesy there is no charge for your first follow-up appointment no-show (all no-shows on initial visits will be charged automatically), if you no-show a second time we will charge \$25.00 to your credit card on file, any no-show after that will result in a charge to your credit card equal to the noninsurance rate of your scheduled appointment

**Additional Possible Fees:**

- For phone calls to the provider longer than 10 minutes, a charge of \$30 may apply. This fee is not billable to insurance.

I understand that I am financially responsible for payment of service and any unpaid balances and agree to the policies as stated above and set for the by The Finley Center.

Tara Finley, OMD, ND

<b>CPT Code</b>	<b>Description</b>
99202	Low Complexity Exam
99203	Moderate Complexity Exam
99204	High Complexity Exam
99211	Office Visit/Consult 5 mins.
99212	Office Visit/Consult 10 mins.
99213	Office Visit/Consult 15 mins.
99214	Office Visit/Consult 30 mins.
97810	Acupuncture Initial 15 mins.
97811	Acupuncture Additional 15 mins.
97813	Acupuncture w/ E-Stim Initial 15 mins. Acupuncture w/ E-Stim Additional 15
97814	mins.
97026	Infrared Heat
97140	Cupping Therapy

Brian Finley, PT, OCS

<b>CPT Code</b>	<b>Description</b>
97161	PT Evaluation Low Complexity
97162	PT Evaluation Moderate Comp.
97163	PT Evaluation High Complexity
97164	PT Re-evaluation
97110	Therapeutic Exercise
97140	Manual Therapy Techniques
97035	Ultrasound
97010	Ice/Heat
97530	Therapeutic Activities
97116	Gait Training
97112	Neuromuscular Re-education
97014	Elec. Stim.