

Region Vein Office and Financial Policy

Photo ID and Insurance Card

- All patients will be required to present a valid driver's license or photo ID, their current medical insurance card and co-pay at every office visit.
- Patients without verifiable health insurance will be responsible for the payment for that visit.

Contact information

- Please ensure that your file is kept up to date with the best phone numbers, email and home addresses, and insurance information.
- Please inform the receptionist of any changes to your personal information upon arrival at the clinic or call after any changes to your information.

Audio and Video Recording

- To protect the privacy of our patients and staff, no video or audio recordings are allowed.

Safety

- For the safety of our staff and patients, there is a zero tolerance policy for abusive/disruptive behavior of any kind, and problematic behavior will lead to the dismissal from the practice.

Appointment Acknowledgements

- Venous and/or lymphatic diseases are chronic conditions that require multiple visits. Keeping your scheduled follow-up appointments and adhering to post procedure instructions are key to optimal outcomes.
- Region Vein tries to schedule appointments so that each patient receives the right amount of time to be seen. **It is very important that you keep your scheduled appointments and arrive on time.**
- Region Vein sends reminders by text, phone, and/or email in advance of your appointment time as a courtesy to help you remember your scheduled appointments.

Cancellation Policy

- **We would greatly appreciate at least 48 hours notice** if you need to cancel or reschedule your appointment. This allows us time to reschedule your appointment for a time that better fits your needs and to allow refilling of the appointment time with patients who are waiting to be seen by the providers.
- If you do not cancel or reschedule your appointment with **at least 24 hours notice**, you will incur a "NO SHOW CHARGE" that must be paid prior to rescheduling. This is not payable by your insurance company and will be billed to you as follows:

\$50 "No Show" for office visit

\$100 "No Show" for treatment/procedure visit

Insurance Policy

Insurance usually covers vein ablation, sclerotherapy, diagnostic procedures, wound care and compression stockings. As a service to our patients:

- We will submit medical claims to your insurance company.
- We will verify benefits as a courtesy.
- We will prepare a written pre-certification or pre-determination if necessary.
- We will file claims for procedures covered by Medicare, and if you have secondary insurance, we will file claim forms for Medicare covered procedures with your secondary insurance.
- If a procedure is not covered by your policy, a cost estimate for non-covered services will be provided to you. Insurance providers do not "guarantee" the amounts quoted over the phone.
- Charges NOT covered by Medicare or your commercial insurance company will be collected at the time of service.
- Please note that although your insurance may "cover" the procedure(s), most people still have some out-of-pocket costs for each appointment, as insurance typically does not cover 100% of cost.
- We are enrolled in most major insurance plans and networks. By accepting insurance coverage, you have entered into a contract with that company to accept responsibility for deductibles, copays and coinsurance amounts as outlined in the EOB's (explanation of benefits) that we receive from your insurance company after a claim has been processed.

- Complimentary/Free Screens are not offered at our facility. If you are seeing a provider and being evaluated, this is considered an office visit and will be billed accordingly.

Stockings Policy

- We will try our best to determine your insurance company's requirement for the usage of compression stockings (conservative measures) prior to venous procedures and the cost coverage for stockings.
- If compression stockings are indicated and are required/recommended, it will be the patient's financial responsibility for the compression stockings.

Payment Policy

- We accept payment in the form of cash, check, credit card, or Care Credit.
- You are responsible for services rendered or compression stockings not covered by insurance or Medicare.
- If your individual/family deductible is \$2500 or higher, \$500 will be due on the day of service of each procedure.
- A late charge of 1% will be added monthly to any patient-owned outstanding balance not paid in full by the due date.
- Patient statements not paid within 90 days of their billed date may be transferred to a collection agency. Payment plans are available for terms not to exceed 12 months. Please contact the practice administrator for this option if you are unable to pay in full for each statement to avoid being transferred to collections.
- For patients in which we are an out-of-network provider, we will accept these insurances for payment but please realize that your choice to use an out-of-network provider will affect your out-of-pocket costs. We can provide you with a list of procedure codes (CPT codes) for the procedures you need so that you can call your insurance company to obtain as accurate an estimate as possible of your out-of-pocket costs.

Estimates Policy

- The cost estimate we provide is **our educated guess** at what a service/treatment plan may cost. **It is not binding and is subject to change.** We encourage you to call your insurance company to receive your own cost estimate
- Estimates provided by Region Vein cannot and should not be relied upon as the actual charges and /or payments you will be responsible for paying, as the actual charges and/or payments may be either higher or lower than the estimate depending on a number of variables.
- All estimates are based in part on information received by insurance/third parties, and we cannot account for errors made by other parties.
- We cannot predict or estimate charges in treatment decisions, unforeseen complications, additional tests or procedures ordered by a provider, or your health care needs.
- The estimated cost may not include pre-procedure office visits, updated treatment plans, and post-procedure office visits that are not a part of routine care or diagnostic testing.

Agreement

- I certify that the information that I have provided to the practice is to the best of my knowledge, true and accurate.
- I have read and acknowledge the policies above and agree to abide by the terms set forth in these policies.

Patient Signature _____ Date _____
(or guardian signature)