

**GARY L BEHRMANN, MD**  
1172 E.100 N. #2 Payson, UT 84651  
PHONE: (801) 465-4877

**FINANCIAL POLICY**

Revised 06/28/2013

Thank you for choosing Dr. Behrmann, Pediatrics for the healthcare needs of your children. We are committed to providing the best care possible and appreciate your trust. The following document is our Financial Policy. Please read it carefully. We require that you agree and sign this policy prior to receiving treatment.

**RESPONSIBLE PARTY:**

- All patients and guarantors are financially responsible for timely payment of medical services. We will gladly submit claims to your health insurance for the services provided. However, any charges accrued on the account are your responsibility. You will be expected to follow up on any unpaid or incorrectly paid charges, regardless of insurance coverage. We will be happy to assist you in any way we can, but you are ultimately responsible for timely payment of your account.
- In divorce situations, the person bringing the child into the office is the responsible party. A divorce decree is a document that involves you, your ex-spouse and the courts. Although a divorce decree may state that an ex-spouse is responsible for medical bills, our office has no authority to enforce compliance.
- You will be responsible for the charges accrued by minor children (under age 18) who come into the office unaccompanied, or in the presence of another caregiver (ie. Grandparents, baby-sitter, etc.).
- You will be responsible for charges accrued by children who have turned 18 until such time as you notify our office in writing, prior to services being provided, that you no longer accept financial responsibility.

**PAYMENT DUE AT TIME OF SERVICE:**

- Payment for services is expected at the time of the visit. If you have insurance coverage, all co-pays, co-insurance and deductibles are due at the time of service. If for any reason the co-pay is not made at that time, there will be a \$5.00 service charge added to the account.
- Payment in full is due from self-pay patients at the time of service. A 30% adjustment will be given when charges are paid in full on the date of service.
- Payment in full is due at the time of service from non-Dr. Behrmann patients (tourist, etc.), regardless of insurance coverage. Your insurance (if any) will receive a claim for the full amount of the service(s) and you will be reimbursed for any over-payments once your insurance has responded.
- Payment in full is due at the time of service from accounts with a "bankruptcy" status if we are unable to verify your insurance benefits. If we are able to verify benefits payment for any co-pays, deductibles and/or non-covered services will be required at the time of service.
- Our office accepts the following types of payments: Check (including cashier's checks and money orders), Cash, Visa, MasterCard, Discover, and American Express credit and debit cards.

**INSURANCE POLICY:**

- It is your responsibility to provide accurate insurance information to our office at the time of service. We will create and submit claims to your insurance on your behalf. However, we reserve the right to refuse insurance and collect payment in full from you (ie out-of-state Medicaid, insurance information provided after claim filing deadlines, etc.)
- It is your responsibility to verify that the doctor you have chosen is a participating provider under your insurance plan, prior to receiving services.
- It is your responsibility to understand your own insurance coverage. You will be responsible for any non-covered services and services considered to be over "usual, reasonable and customary". You will also be responsible for amounts not paid by your insurance for any reason, unless the amounts are covered under our contractual agreement with insurance.
- It is your responsibility to know where you can go for lab work and other services as referred by Dr. Behrmann. Our office will not be financially responsible for outside services.
- Under federal law we must accurately report the services provided to your children. Your insurance company may not pay for all services received. We cannot change the service or diagnosis codes (unless they were initially reported incorrectly) in order to make a service "fit" your insurance plan benefits. We must report the exact services provided and the exact reason for providing them.
- Your signature on this policy authorizes Dr. Behrmann, Pediatrics to release information to insurance carriers when necessary for payment, and directs them to remit payment directly to Dr. Behrmann, Pediatrics.

**STATEMENTS AND BALANCE ON ACCOUNT:**

- Statements (bills) will be sent on a monthly basis when our system shows a patient (private) balance owing. The statement will list all activity on the claim(s) in question (insurance payments, insurance adjustments, patient payments, etc.) and will show the remaining balance owing, per date of service.
- If you have a question or concern, or if you see a discrepancy on your statement, it is your responsibility to contact the Billing Office as soon as possible. If we do not hear from you we will assume the information in our system is correct and proceed accordingly.
- It is your responsibility to provide us with your correct address and phone number. If a statement is returned for an invalid address, your account may be turned over to an outside collection agency.
- Private balances are due within 30 days of the insurance payment unless other satisfactory arrangements have been made our Billing Office.
- Interest in the amount of 1.5% of your balance per month (18% APR) will accrue on accounts with private balances older than 30 days.
- Any patient credits or over-payments will first be used to pay past-due balances. If patient balances have been resolved, patient credits may be returned to you upon your request. Please allow 2-3 weeks for processing.

**FEES & COLLECTIONS:**

- Returned Checks:
  - Checks returned unpaid by your bank, regardless of the reason, will be posted back to your account in the original amount of the check, in addition to a \$20.00 return check fee. You may also be responsible for interest, cost of collection, court costs and reasonable attorney fees as allowed by law.
  - Writing a bad check is a Class One Misdemeanor. Dr. Behrmann, Pediatrics reserves the right to prosecute to the fullest extent of the law when a check is returned unpaid from the bank.
- Collections:
  - Your account may go to collections for the following reasons that include but are not limited to:
    - Invalid patient demographic information (address, phone, etc.) which prevents us from contacting you regarding your account.
    - Failure to provide timely, accurate insurance information.
    - Failure to pay patient balances.
    - Failure to follow through with payment plan agreements.
    - Failure to follow through with statement discrepancies, insurance denials or any other items on your account.
    - Failure to follow through with other correspondence from Dr. Behrmann, Pediatrics.
  - We make every effort to work with you to keep your account out of collections. However, in the event that your account is referred to a third party debt-collection agency, you will be responsible for the balance of the account in addition to a 40% collection fee and any other amounts allow by law (interest, court costs, attorney's fees, etc.), as allowed by Utah Code Annotated section 12-1-11.
- Bankruptcy:
  - If we receive notice of a filed Bankruptcy case on your account, we will make the necessary adjustments to your balance according to bankruptcy law.
  - Your account will be placed in bankruptcy status. Each time you schedule an appointment the front office will transfer your call to the billing department for insurance verification.
  - You will be required to pay in full at the time of service, unless we are able to verify coverage with your insurance at **each** visit. If we are unable to verify coverage (holidays, after-hours, invalid insurance, etc.), payment in full at the time of service will be required. We will be happy to submit a claim to your insurance on your behalf and, if your insurance pays on the claim, you will be refunded any over-payments.
  - If we are able to verify insurance benefits you will be required to pay the "member portion" at the time of service, as determined by your insurance for the visit type. This may include co-pays, deductibles and/or non-covered services. The amount given as "member portion" at the time of service may not be the total amount you will owe once insurance processes the claim.
  - If you are unable to pay your portion at the time of service you may be referred to an Instacare Facility or Emergency Department.
  - Your account will remain in a bankruptcy status for two (2) years fro the bankruptcy file date or from the last collection activity on your account, whichever time is shorter, until the statue of limitations on the bankruptcy expires (7 years). After such time the bankruptcy status will be removed from you r account and normal payment policies will apply.
- Dismissal from Practice:
  - Dr. Behrmann, Pediatrics reserves the right to dismiss patients from our practice for non-payment. If you have established a history of non-payment on your account, you may be eligible for dismissal.
  - Prior to dismissal, we will issue a certified letter informing you of our intent to dismiss unless payment in full is made on your account. Payment in full includes your current account balance, in addition to any amounts that have been referred to an outside collection agency.
  - If payment is not made within the specified amount of time, a certified dismissal letter will be issued. We will provide EMERGENCY CARE ONLY for thirty (30) days after the date of the letter to allow you time to find another physician for your child(ren). You will not be eligible to see Dr. Behrmann after the 30-day notice has expired.

**QUESTIONS AND CONCERNS:**

- If you have any questions regarding your account, or need clarification on any of the items listed in this financial policy, please contact our Billing Department.
- Dr. Behrmann, Pediatrics Billing Department staff are available from 8:00am to 1:00 pm, Monday through Friday. You may contact them by phone at (801)465-4877 or in person at 1172 E 100 N, Suite 2, Payson, UT 84651.

Thank you for trusting Dr. Behrmann, Pediatrics with the care of your children. We are dedicated to making your experience a positive one. Please do not hesitate to contact us with any questions regarding your account, payment options or financial responsibilities.

Signed: \_\_\_\_\_ Date: \_\_\_\_\_ Relationship to patient: \_\_\_\_\_  
Patient (if 18 years or older)/Parent or Guardian