

FINANCIAL POLICY

Updated 1/01/2011

Medicare Part B

All Physicians/Providers at Korunda Medical, LLC, are participating Medicare Part B providers. He/She will accept assignment on all Medicare Part B claims. By accepting assignment, he/she agrees to adjust your charges to reflect the Medicare approved amount. However, Medicare only pays 80% of the approved amount, and the remaining 20% is your responsibility. If you have supplemental insurance, we will bill your supplement insurance for the 20% balance. **If there is any remaining balance after Medicare and the supplement insurance payment, it is the patient's responsibility.**

Private Health Insurance

As a courtesy to you, we will file claims with your insurance company. Please understand, however, that your insurance reflects a contract between you and the insurance company, not with any Provider at Korunda Medical, LLC. You, as the patient, are ultimately responsible for your bill. **Patients without health insurance will be expected to pay at the time of service or to make payment arrangements with management or the billing office. We may also collect at the time of service, any fee that will be paid directly to you from your insurance company, as well as any co-pay or deductible amounts.**

Managed Care Networks

All Providers at Korunda Medical, LLC., are participating providers with BCBS/FL and Community Health Partners. We will file claims to insurers contracted with these organizations. Co-pays, co-insurance and/or deductibles will be due at the time of service. All Providers also participates with a number of other managed care organizations. If you have any questions regarding participation, please ask at the front desk.

Usual, Reasonable and Customary

Some insurance carriers have established "usual" and "reasonable and customary" maximum amounts that they will pay for specific procedures. These amounts may vary with each insurance company. Any amount considered in excess of the "usual" and "reasonable and customary" amount that is not paid by the insurance company, becomes the patient's responsibility. In the event we have a "returned check", the patient will be assessed a \$35.00 "returned check fee" payable to Korunda Medical, LLC. The check will be returned to the Bank. Cash payment will be due from the patient at the time of service for both the returned check amount and the "returned check fee".

Non-Covered Services

Not all services are covered by all insurance health plans. Some services may not be covered by your specific or individual policy. **Services not covered or considered payable by the insurance company becomes the patient's responsibility.**

Signature of Patient/Guarantor

Date

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Un-Paid Balance:

The patient or guarantor is responsible for any balance due to Korunda Medical, LLC. If the balance is not paid within 90 days, the account will be referred to a collection agency and assessed an additional fee of \$30. If a collection account is not paid within 14 days, there will be an additional 100% fee attached to the outstanding balance due to attorney fees.

I have read and fully understand this information and I agree to accept financial responsibility for the unpaid balance of all accounts in the event the following authorization is insufficient to liquidate the account.

I request that payment of authorized Medicare benefits be made on my behalf to Korunda Medical, LLC, for any services furnished me by this provider.

I hereby assign and transfer any insurance benefit due to me for the professional services that I have received at Korunda Medical, LLC.

I authorize the release of any medical information necessary to process insurance claims.

Signature of Patient/Guarantor

Date