**FINANCIAL POLICY**

Thank you for choosing **Michael Yerukhim, MD** as your health care provider. We are committed to building a successful physician-patient relationship with you and your family. Your clear understanding of our Patient Financial Policy is important to our professional relationship. Please understand that payment for services is a part of that relationship. Please ask if you have any questions about our fees, our policies, or your responsibilities. Please remember that it is your responsibility to notify our office of any patient information changes (i.e. address, name, insurance information, etc).   
  
**Co-pays**  
Patients are expected to present an insurance card **at each visit**. All co-payments and past due balances are due at time of check-in unless previous arrangements have been made with a billing coordinator. We accept cash, check or credit cards. Absolutely no post-dated checks will be accepted.  
  
**Insurance Claims**  
Insurance is a contract between you and your insurance company, and we have no control over the plan that you chose. In most cases, we are NOT a party of this contract. We will bill your primary insurance company as a courtesy to you. In order to properly bill your insurance company, we require that you disclose all appropriate insurance information, including primary and secondary insurance, as well as any change of insurance information. Failure to provide complete insurance information may result in denied claims and patient responsibility for the entire bill. If we are out of network for your insurance company and your insurance pays you directly, you are responsible for payment.  
  
**Missed Appointments**  
**We require 24-hour notice of appointment cancellation. Appointments that are missed and not canceled within 24 hours of the scheduled appointment will be charged a fee of $50.00.**

**Referrals and Preauthorizations**Certain health insurances (HMO, PPOs, etc.) require that you obtain a referral or prior authorization from your Primary Care Provider (PCP) before visiting a specialist.  As a courtesy, our office staff preauthorizes all diagnostic imaging and surgical procedures ordered by Dr. Yerukhim, prior to them being completed. If your insurance company requires a referral, you are responsible for obtaining it. Failure to obtain it may result in a lower or no payment from the insurance company, and the balance will be your responsibility.  Alternative payment arrangements or rescheduling of your appointment may be necessary if preauthorization is not obtained. Our office reserves the right to not see any patient without the proper referral.

**Participating Insurances  
If your insurance plan is one with which we are not a participating provider, you will be responsible for payment in full.  However, as a courtesy, we will file your initial insurance claim. A list of insurance plans that we currently participate in can be found at the end of this document and on our website.**  
**Self-pay Accounts**Self-pay accounts are patients without insurance coverage, patients covered by insurance plans in which the office does not participate, or patients without an insurance card on file with us. It is always the patient’s responsibility to know if our office is participating with their plan. If there is a discrepancy with our information, the patient will be considered self-pay unless otherwise proven. Self-pay patients will be required to pay $75 for the first office appointment and $50 for all subsequent appointments. That fee must be paid prior to being seen by the physician. Extended payment arrangements are available if needed. Please ask to speak with a billing coordinator to discuss a mutually agreeable payment plan. It is never our intention to cause hardship to our patients, only to provide them with the best care possible and the least amount of stress.  
 **Cosmetic Services Policy**

A fee of $75 is charged for all cosmetic consultations. If a cosmetic service or procedure is provided following the initial consultation, the $75 consultation fee will be applied to the cost of the procedure. For cosmetic surgery procedures, a written estimate of the procedure will be provided to the patient, and will include charges for appropriate anesthesia and facility fees. A separate cosmetic financial policy will be provided to all cosmetic patients.

**Workers' Compensation**It is the patient's responsibility to provide our office staff with employer authorization/contact information regarding a workers' compensation claim.  If the claim is denied by the workers' compensation insurance carrier, it then becomes the patient's responsibility. At your request, we will submit the claim to your primary medical insurance carrier with a copy of the workers' compensation insurance denial.  If your primary medical insurance carrier's claim is denied, you will be responsible for payment in full.  
  
**Minors**  
The parent(s) or guardian(s) is responsible for full payment and will receive the billing statements. A signed release to treat may be required for unaccompanied minors, or minors accompanied by someone other than their legal guardian.  
  
**Outstanding Balance Policy**  
It is our office policy that all past due accounts be sent three statements. If payment is not made on the account, a single phone call will be made to try to make payment arrangements. If no resolution can be made, the account will be sent to the collection agency, or attorney, and may result in possible discharge from the practice.  
In the event an account is turned over for collections, the person financially responsible for the account will be responsible for all collections costs including attorney fees and court costs.  
Regardless of any personal arrangements that a patient might have outside of our office, if you are over 18 years of age and receiving treatment, you are ultimately responsible for payment of the service. Our office will not bill any other party.

**Participating Insurances**

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| Aetna Anthem Traditional Anthem Blue Cross   Blue Preferred  Blue Access  Medicare PPO  Federal Market Plans through the Healthcare Exhanges (i.e. Gold, Silver, Bronze, DirectAccess, etc) Anthem Senior Advantage/Medicare Preferred APEX (UH ACO) BeechStreet Buckeye Community Health Plan (including the MyCare Ohio product)   (AmBetter is in process-we are NOT participating at this time) BWC Caresource (Medicaid, MyCare Ohio and Just4Me only) Cigna HealthCare/Great West Emerald Health Network First Health Network Healthspan/Healthsmart –The card must say both company names for us to see the patient   (previously Kaiser Added Choice POS) Humana ChoiceCare Humana ChoiceCare Medicare PPO Interplan Medicaid OH Medical Mutual of OH traditional Medical Mutual of OH Managed Care  SuperMed Plus (PPO)  SuperMed Select (POS)  SuperMed HMO  SuperMed Advantage (HMO w/POS option)  Medicare Advantage  MetroHealth Select Market Plans through the Healthcare Exhanges (i.e. Market Classic, Market HSA, etc) Medicare of Ohio (CGS) Molina HealthCare of Ohio (Medicaid Only) – effective 5/9/14 Mutual Health Services (Antares) - We are Tier 1 providers for Cleveland Clinic employees (ASC is Tier 2) Ohio Health Choice Plan Paramount Private Healthcare  Systems (PHCS) / Multiplan Railroad Medicare SummaCare (Commercial) Summacare Medicare Advantage Summacare Individual (Value, 5000, 6350, & 750) \*\*\* Available through the Healthcare Exchange Three Rivers Tricare (Healthnet) United Healthcare  Evercare Medicare PPO  Evercare Medicare HMO  SecureHorizons Medicare PPO AARP UHC Community Plan - effective 12/1/13 MyCare Ohio - effective 6/1/14  All Commercial Plans |