



Coastal Pulmonary and Critical Care, P.L.C.

Financial Policy

It is important you understand our payment policy at Coastal Pulmonary and Critical Care.

Coastal Pulmonary and Critical Care will bill your insurance for you. We accept Medicare assignment and will bill Medicare directly for you. If you have a secondary Medicare plan we will bill that as a courtesy to you after Medicare has paid. You are responsible for any balances not paid by insurance.

Medicare requires an annual deductible that secondary insurances do not usually pay. The patient is responsible for paying their deductible. We are not able to write it off as we are contracted with Medicare. Patients also have a coinsurance (20%) with Medicare that they are responsible to pay.

We will also bill commercial plans for our patients. Most commercial plans also require an annual deductible and coinsurance and/or co-payments that the patient is responsible for.

We will make every effort to collect from your insurance company. However, insurances do not always pay promptly. It is not uncommon for providers to wait for long periods for payment from some insurances. If there is a problem with the provider receiving payment it is the patient's responsibility to contact their insurance carrier and try to resolve this as the contract exists between the patient and the insurance company.

If you don't have insurance we will charge the Medicare allowable rate for service. Self pay patients are required to pay for services at the time of the office visit.

_____ The information I have given to Coastal Pulmonary and Critical Care, P.L.C. to pay all or part of the services rendered is true, accurate, and complete. I authorize payment of medical benefits to the provider for professional services rendered.

_____ It is the patient's responsibility to provide us with the correct insurance information. There are limits on the time to file a claim. If you do not provide the proper information and the timely filing limit has passed, you will be responsible for the balance. We will request to see your current insurance cards at each visit with proper photo ID.

_____ I authorize the release of my medical information as necessary to Medicare, Medicaid, Tricare, or my commercial insurance in order to process this claim.

_____ Co-payments are due at the time of the office visit.

_____ All patient balances must be paid at the time of service. This includes patients whose accounts have been sent to collections.

If you have a financial hardship please contact our billing department. They will work with you to set up a payment plan that is reasonable.

Patient _____ Date of Birth _____ Date _____