53 Washington Avenue ◆ Wheeling, WV 26003 ◆ (304)242-3900 ◆ Fax (304)242-8564 ◆ drerinstoehr.com

FINANCIAL/CALL COVERAGE POLICY

Medicare/PPO/HMO/Managed Care: You must bring your current insurance card to every visit so that we can make a copy of it. If you do not have your card, your appointment may be rescheduled. You are responsible for remitting co-pays at the time of service and unless otherwise indicated, responsible for obtaining the necessary referrals/authorizations your plan requires. If you fail to do so, you will be responsible for payment. These are policy provisions which you agreed to adhere to when you signed up for the plan. We will submit all charges and follow-up with your carrier for payment. You are responsible for all deductibles, co-pays and any other non-covered charges.

<u>Medicaid:</u> You are responsible for providing our office with your ID# (begins with 2 alpha letters, followed by numerical digits & ending with 1 alpha letter). If you have a managed medicaid plan (Fidelis Care, Total Care, etc) you are responsible for obtaining a referral from your Primary Care Physician; otherwise payment will not be made. If you fail to do so, you will be responsible for payment.

Non-participating Carriers: You are ultimately responsible for all charges if we do not have a participation agreement with your insurance carrier. If you provide our office with the necessary information needed to properly bill, we will submit on your behalf. You are responsible for following-up with your insurance carrier for unpaid claims and/or appeals. You are responsible for all deductibles, co-pays, and non-covered charges.

<u>Liability:</u> Carriers usually remit payment to the patient or the patient's attorney if one has been retained. OUR POLICY DOES NOT ALLOW US TO HOLD ACCOUNTS WHICH ARE PENDING RESOLUTION OF ANY LIABILITY OR LITIGATION ISSUES. WE DO NOT, UNDER ANY CIRCUMSTANCE, BILL ATTORNEYS. If you provide a letter from the liability carrier indicating they accept full responsibility and will remit payment, we will submit on your behalf. Otherwise, you may either have charges submitted to your private carrier or pay for services and obtain reimbursement upon resolution/settlement.

Self-pay: If you are uninsured, you are responsible for remitting payment in full at the time of service, unless prior arrangements have been made with the Billing Dept. If you are unable to remit payment in full and need to discuss payment options available to you, you must contact our Billing Department at: 304-242-3900, Monday-Thursday 9:00am-3:00pm and Friday 9:00am-12:00pm.

<u>Telehealth/Electronic Messaging via Patient Portal:</u> In addition to the above, not all insurances cover these types of visits. We will bill your insurance. You are responsible for all deductibles, co-pays, and non-covered charges. Self-pay patients will be responsible to remit payment in full prior to the visit.

Surgery Services: We will bill your insurance. Any anticipated deductible and co-payments must be paid prior to the scheduled surgery.

<u>Lab Tests and Other Charges:</u> If your visit included lab tests, x-rays, biopsies, pap smears, or cultures you will receive separate billing from the company performing the processing and evaluation of those tests.

Minors: The parents (or guardian) of a minor are responsible for full payment.

Call Coverage: Dr. Erin Stoehr shares call with the following physicians: Dr. Peter Bala, Dr. Aaron Scaife, Dr. Chandra Swamy, Dr. Emily Morris and Dr. Gary Deguzman. In the event Dr. Stoehr is not on call, one of these physicians will be providing your medical care. This is based on a rotation call list and there is not an option to pick one or the other. You may receive a bill from these other physicians if they provide you care.

If you need further explanation of any of the above policies, please contact the Billing Department directly.

Rev. 7/24/23