Sussex Pulmonary & Endocrine Consultants, PA

Reetu Singh, MD, FACE
Vikas Batra, MD, FACP, FCCP, FAASM
Caryn B. Chasanov, MSN, RN, CCRN, FNP-BC

FINANCIAL POLICY –SELF PAY PATIENTS

In order to make our services accessible to patients lacking health care coverage, Sussex Pulmonary and Endocrine Consultants, PA offers discounts to patients who pay for services without health insurance benefit plans. Sussex Pulmonary and Endocrine Consultants, PA will identify patients without insurance coverage and consistently apply a method of billing, discounting, and collecting from the uninsured in the community.

Procedure:

- **Self-Pay patients** will be identified when they initially contact the office for an appointment.

  A Self-Pay Patient is defined as a patient who

  (i) has no health insurance coverage of any kind, including Federal and State health care programs such as Medicare and Medicaid;

  (ii) the insurance information provided is for a commercial insurance plan in which SUSSEX PEC does not participate;

  (iii) is not eligible for worker's compensation coverage; and

  (iv) has no other responsible party covering the expenses associated with the care received from Sussex Pulmonary and Endocrine Consultants.

- If a patient claims to have public or private health insurance coverage but is not able to produce verifiable insurance identification, or if the patient has a "high deductible" insurance plan, he or she will not be designated as an Self-Pay patient. And in such circumstances, the patient will not be eligible for the Self-Pay discount since the patient has or claims to have some health care coverage.

- Self-pay patients charges:

  - Initial Visit: $ 225
  - Subsequent visits $ 125

- Self- pay patients balances overdue for more than 30 days will be charged a **late fee of $ 25**.

- Balances over 60 days will be turned over to a collection agency and a separate **collection fees of $25** will be applied. The collection agency can report on the credit rating, and such report may adversely affect the patients' personal credit history.

By my signature, I indicate that I have read this policy, understand its content, and agree to its provisions.

Patient/Guardian's Signature: _____ Date: _____

Office Staff Signature: _____ Date: _____

Effective : 01/01/2012