

Financial Policy

Sonja Brownlee, MD, 1825 Pinion Rd Ste E, Elko, NV 89801

Insurance coverage can be confusing, and some people assume that their insurance is responsible for their total bill. It is important that you understand that your insurance contract is between you and your insurance company. The final responsibility for payment of professional services belongs to the patient, and not to their insurance company.

We want to help you receive the maximum benefits you are entitled to from your insurance policy. We submit claims at no extra charge to our patients as a courtesy. To submit claims, we must have complete and accurate insurance information about both the insured and the patient. If you do not have this information at the time of service, you will be asked to pay for services in full, or you may reschedule. All co-pays and deductibles are due at the time of service as required by your insurance company.

At each office visit, you will be asked to provide a copy of your insurance card and verify your coverage, address, and phone number. Incorrect information will cause a delay in processing your claims. All charges are your responsibility, including those billed to your insurance company and not paid within 90 days from the date of service. Social Security Numbers are required for collection purposes.

If you have insurance, you will receive a billing statement after we have received payment from your insurance company and/or an explanation of benefits (EOB) detailing your patient portion, or if no payment has been received within 60-90 days from date of service. The patient portion balance is due and payable upon receipt. Again, we will bill your plan directly as a service to you, but not in substitute of your primary responsibility for payment.

If you have no insurance coverage, we ask for payment in full at time of service. A 25% discount is given for payment in full at time of service. If you cannot pay in full, please arrange a payment plan with the billing officer prior to your appointment. Your previous credit history with us will be a factor in the decision. Every effort will be made to come to an agreed upon method of payment.

All accounts will start accruing late charges of \$5.00 per statement after 2 billing cycles. If your account goes unpaid for 30 days after a Final Notice, without arrangement of a payment plan, collection procedures will be started. You will then be liable for all collection costs and attorney fees incurred.

Canceled or returned checks will incur a \$25.00 service charge.

To avoid misunderstandings, our billing officer encourages early discussion of financial problems or questions regarding fees, insurance payments, billing statements, etc.

Privacy Notice: I have received a copy of Sonja Brownlee, M.D. Notice of Privacy Practices.

Assignment and Release:

I, the undersigned, have insurance coverage with _____ and assign directly to Sonja Brownlee, MD, all medical benefits, if any, otherwise payable to me for services rendered. I hereby authorize the doctor to release all information necessary to secure the payment of benefits. I authorize the use of this signature on all my insurance submissions. This signature also gives consent for treatment by Sonja Brownlee, MD. I have read and understood the financial policy of Sonja Brownlee, MD, and hereby agree to it.

_____ Signature of Parent or Guardian	_____ Relationship to Patient	_____ Date
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Medicaid: Medicaid payments are accepted by Sonja Brownlee, MD, as payment in full, and Medicaid patient's parent or guardian will not be expected nor required to pay for expenses not covered by Medicaid. Your signature assigns Medicaid benefits to Sonja Brownlee, MD, as well as authorizing the release of all information necessary to secure the payment of benefits. It also gives consent for treatment by Sonja Brownlee, MD.

_____ Signature of Parent or Guardian	_____ Relationship to Patient	_____ Date
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