

## FINANCIAL POLICY

The physicians and staff of The Cranley Surgical Associates value the trust and responsibility you place in us to care for you. Thank you for choosing The Cranley Surgical Associates for your care. We are proud of our history of serving patients in this community since 1952. It is the mission of The Cranley Surgical Associates to provide high-quality, cost-effective outcomes in the specialties of vascular surgery, general surgery and surgical oncology care, through a commitment to continuous educational growth, clinical improvement, teamwork and service excellence.

The basis of our care is the doctor-patient relationship, and we feel we should inform you of all matters pertaining to your health including the financial aspects. The following financial policy supports our efforts to provide excellent care from highly qualified physicians.

### **CRANLEY SURGICAL ASSOCIATES FINANCIAL POLICY**

#### **Registration and Financial Information**

In order to correctly file your insurance claims, we must have the most current and accurate information on file regarding your health insurance. We will update and/or confirm the accuracy of this information on each visit to our office. Please bring your current insurance card with you on every visit. It is your responsibility to notify us if your insurance information changes. If you do not give us accurate information it is your responsibility to make payment in full.

#### **Payment at the Time of Service**

This office collects all co-payments and co-insurance at the time of service. Co-payment and deductibles are a contract responsibility between the patient and their insurance. These amounts are non-negotiable. Self pay patients are welcome and must bring \$150 down-payment at the first visit. If surgery is required, arrangements for payment must be made prior to scheduling surgery. For your convenience we accept cash, checks, Visa, Mastercard, or Discover. Please call the billing office at 513-961-4335 option 3, to make a credit card payment, or pay via the internet at [www.cranleysurgical.com](http://www.cranleysurgical.com).

#### **Prior Authorization/Referrals**

If your health insurance plan requires prior authorization in the form of a referral from your primary physician, you are responsible for obtaining a referral before you may be seen by our physicians.

#### **Elective Surgery**

It is the current trend of many commercial insurance companies to process and pay claims only after meeting a **high deductible**. Our Financial Advocate will verify your insurance coverage prior to the scheduling of your elective surgery. High deductible amounts and co-insurance are due prior to surgery. The Financial Advocate will explain this process on your first visit to our office. It is recommended that you become familiar with your commercial insurance coverage prior to visiting our office. You may request to speak with a Financial Advocate at any time, in person or over the phone.

**Non-covered Services**

In the event your insurance coverage determines a service “non-covered”, due to medical necessity or plan provisions, you will be responsible for the entire charge. It is your responsibility to know your plan benefits.

**Hospital Charges**

We bill insurance for all services provided in the hospital. Any balance due is your responsibility and is expected upon receipt of our billing statement.

**Returned Checks**

There is a \$45 fee for all returned checks.

**Collection Policy**

Failure to pay balance due will result in collection agency placement. Accounts will have a 30% fee applied to any balance transferred to a collection agency.

**Missed Appointments**

We charge the following fees for late cancellations (less than 24 hours notice) or for missed appointments: \$50 for office visits and \$100 for vascular lab appointments.

**Fees for Completion of Forms-e.g. disability, FMLA, etc.**

Service fees for filling out forms will apply-additional detail available

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Signature of Patient or Responsible Party

\_\_\_\_\_  
Date