



# Reed I Ward D O

Family Medicine Physician

**REED I. WARD, D.O.**  
3425 Potomac Way  
Idaho Falls, ID 83404  
Office: (208) 528-8170

## **FINANCIAL POLICY**

### **TO OUR VALUED PATIENTS:**

Thank you for choosing Dr. Reed I. Ward. We are committed to providing you with the best medical care possible. Please review a brief explanation of our policies & procedures below. If you have any questions, please ask one of our staff to assist you with an explanation. If you require further explanation, the office manager may be contacted. After you have read this document in its entirety, please sign below. Your signature constitutes an agreement to the procedures and policies of our practice.

Thank you,  
Dr. Reed I. Ward and Staff

## **OFFICE HOURS**

We are open Monday through Friday 8:00 A.M. to 5:00 P.M.

## **DEFINITIONS**

**IN NETWORK:** We refer to “in network” as the insurance companies that we have a contractual agreement. If we are in network, we have agreed upon a pay scale with the insurance company. In other words, we have agreed to a discounted rate for members of the insurance carrier with whom we are contracted.

**OUT OF NETWORK/ NON-PARTICIPATING INSURANCE:** If we are not in network with your insurance carrier, we will bill your carrier as a courtesy. If payment is not received within 60 days, the balance becomes your responsibility. You, the patient, will have to contact your insurance company to determine why payment has not been made. Please be aware, you may incur most out of pocket expenses for seeing a doctor out of network. It is your responsibility to check with you insurance company for benefits.

**ACCEPT ASSIGNMENT DEFINITION:** Accept assignment means that we agree to accept check payment from the insurance company for services rendered.

## **FINANCIAL POLICIES AND PROCEDURES**

At Dr. Reed I. Ward’s, we believe that all patients who come to this office deserve the best medical care that can be provided. In order for us to provide you with the highest quality medical care and current technology, we must ensure that we are able to meet the expenses necessary to operate this facility. To ensure that these expenses are met, we provide you with this agreement to acquaint you with our financial policy.

### **PAYMENT AT TIME OF SERVICE**

As a courtesy, we will bill your insurance for all office visits. However, we ask that you pay any portion not covered by your insurance due to deductibles or co-payments on the day of service, unless otherwise specified in specific policies of Dr. Reed I. Ward.

## SUBMISSION OF CLAIMS

We will submit your insurance claims. However, it is important to remember that your insurance is a contract between you and your insurer. Although we file insurance claims as a courtesy to you, you are still responsible for payment of services regardless of the amount your insurance pays.

## BALANCES DUE AFTER INSURANCE PAYS

If there is a remaining balance due after your insurance carrier pays, you have 30 days to make payment on the invoice. Payment arrangements can be made for special circumstances by contacting the billing office within 30 days of the receipt of the invoice. It is your responsibility to make contact with our office to make special arrangements.

## OUTSTANDING BALANCES

We urge you to keep your account current to avoid any misunderstanding with our office. All account balances past due over 90 days will be sent to an outside agency for collections. You will be charged a 35% collection fee. At that point, the account is out of our hands. If you need to make special arrangements, it is your responsibility to contact the office manager at our office before your account is sent to an outside agency.

## PAYMENT ARRANGEMENTS

Under special circumstances, payment arrangements can be made. These arrangements are made with the “check out” receptionist or with the office manager. Our office can set this up for you as a courtesy. You will be sent a monthly statement. However, it is your responsibility to know your monthly due date, which will be determined at the time your payment arrangement is set up. After one missed payment, the account will be sent to an outside agency for collections.

## METHOD OF PAYMENT

We accept cash, check, VISA, and MasterCard. We do not accept post-dated checks, nor will we hold checks for any length of time. There will be a \$35 fee for all returned checks.

## MEDICARE PATIENTS

If you have Medicare as your primary insurance carrier, but you do not have a secondary insurance, you are responsible for the 20 percent at the time of service. Payment plans can be set up for special circumstances.

## LIABILITY INSURANCE

If you are involved in an accident we will be pleased to provide medical care for you. In most cases, we do not, however, file claims with third-party liability insurance plans. We will either file the claim with your medical insurance or we will collect in full from you for all balances incurred. Then it is your responsibility to collect from your Accident Insurance.

## CASH PAYMENT

If you pay cash, please ask for a receipt so that you will have a record of your payment.

## BILLING PROCEDURE

You will receive a statement with your balance until your account is paid in full.



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Signature

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Date