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**Collection and Payment Policy**

**I, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (Patient Name) and \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (Date of Birth), do hereby consent and acknowledge my agreement to the terms set forth in the Collection and Payment Policy and any subsequent changes in office policy. I understand that this consent shall remain in force from this time forward**.

Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**If Individual is unable to sign, please complete the information below:**

Name of Guardian: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Relationship: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Collection and Payment Policy**

The policy of Dakota Vascular is to be proactive in collections efforts.  This begins at the time the patient is registered and ends when the account balance has been paid in full.

**Registration**

Apart from patients seen in an emergent situation, the following items will occur at the time of service:

1. Complete demographic data will be obtained.  Patients are required to show proof of insurance and provide necessary information to office personnel.
2. Third party payer information will be obtained from the patient or responsible party.  A copy of both sides of the insurance card will be taken.
3. Information will be provided to the patient or responsible party.  A copy of both sides of available payment options.
4. Questions regarding financial obligations will be directed to the business office.  Questions unable to be resolved will be referred to the Patient Financial Counselor or Administrator.

**Co-Pay**

Dakota Vascular requests that co-pays are paid at the time of registration.  Copays will be collected based on the amount listed on the insurance card or the insurance carriers website.  Co-pays can be paid by check, cash, or credit card.  Credit cards accepted include Discover, Visa, and Mastercard.  Post-dated checks will not be accepted.

**Cash Pay Services**

Dakota Vascular requires that all cash pay or self-pay services are paid in full at the time of service.  If the patient or responsible party are not able to pay in full, prior arrangements must be made.

**Prior Authorization, Precertification, and Referrals**

Prior authorization or precertification by an insurance carrier does not guarantee payment.  Dakota Vascular will attempt to obtain prior authorization or precertification from your insurance carrier, however an approval does not guarantee payment from the insurance carrier.  It is the responsibility of the patient or responsible party to ensure proper coverage by their insurance carrier.

It is the responsibility of the patient or responsible party to obtain a referral if required by their insurance carrier.  Carriers that require a referral include but are not limited to, VA Community Care Network, Medicaid, HMO insurance plans, and Indian Health Services.  Dakota Vascular will also attempt to obtain the referral prior to services being rendered. In the event that a referral is not obtained, the patient or responsible party will be billed for the services rendered.

**Procedure Following Delivery of Services**

The following items will occur after medical services have been delivered to the patient.

1. Health Information Management will file insurance claims within 30 days after the appointment or procedure date.
2. Third party bills will be submitted electronically where possible.

**Third Party Claims**

As courtesy to the patient, third party claims will be submitted when the appropriate information has been provided to the staff of Dakota Vascular.  An insurance policy is a contract between the patient and the insurance company.

Therefore, it shall be the responsibility of the patient or responsible party to follow up with the insurance carrier regarding the status of the claim in the cases where Dakota Vascular does not have a contract with the insurance carrier.  It is the responsibility of the patient or responsible party to work with the insurance carrier to help resolve claims.  Dakota Vascular staff is available to assist with resolving claims.

Account balances outstanding after 60 days from the date the claim is filed may be sent to the responsible party for payment.  If the insurance carrier denies the claim, it will be considered private pay balance and payment will be requested.

**Payment in Full**

Dakota Vascular will pursue payment in full on all balances that remain outstanding from insurance claims.  Statements will be sent monthly.  Balances are payable upon receipt of the statement.  Payment in full maybe made by cash, check, or credit card.  Accepted credit cards Discover, Visa or Mastercard.

**Payment Arrangements**

For amounts owing over $500 the guarantor should provide a copy of the denial for financing through a lending institution.  If the responsible party is unable to pay in full, financial arrangements for payment will be established with Dakota Vascular.  All balances will require a minimum of 5% of the balance owed as the monthly payment.  All payments are due by the 15th of the month.  In the even a payment is not made, the remaining balance may be sent to collections.

Dakota Vascular appreciates you cooperation and welcomes any questions as it relates of our collections and payment policy.  With your signature, we thank you for your understanding and willingness to comply with the details of the policy.