

FINANCIAL POLICIES OF THE OFFICE OF STEPHEN M. BUTLER, M.D. P.A.
FOR PLAN IN WHICH WE ARE A CONTRACTED PROVIDER:

This office is committed to providing to you, the patient, the highest quality of surgical services available. We feel that financial considerations are secondary to the health and welfare of our patients. Through these policies we hope to make the financial aspect of your care clear and separate from your medical care. Some of these policies have been thrust upon us by the federal government, insurance companies and unfortunate experiences with our patients in the past. We apologize for any inconvenience they may cause, but assure you they are utilized to guarantee our continued ability to provide premiere surgical care in the Plant City and Lakeland region. Please read the following policies and sign at the end where indicated, guaranteeing your compliance.

We are a contracted provider for your insurance company:

1. All copayments, deductibles, and coinsurance fees are due and payable prior to being seen by the physician (office visits). If your visit is on an emergency basis and you do not have payment with you, you must make arrangements to have our office paid within 3 business days. If your visit is not an emergency, and you do not have payment, we will be happy for you to go home or otherwise secure the payment, and return to the office. We will also happily reschedule your visit within two working days to allow you to return with payment, and be seen promptly if you desire.
2. We will bill your insurance carrier, and will accept the contracted fee for services rendered (office and hospital based), from them. There are times when there will be an additional patient balance due under your contract with your insurance company. In these cases you will be billed for this balance and it is due upon receipt of the statement. Failure to pay can result in collection activities such as turning your account over to a collection agency, an adverse entry on your credit history, a lawsuit against you, or a garnishing of your wages for failure to pay.
3. Please be aware that your insurance company does not usually pay 100% of the contracted fee for your services (hospital based and office services other than consultations). Rather it pays somewhere between 60-90% and by contract between you and your insurance company, you have agreed to pay the remaining 10-40%. This remainder is a fee due to us and we expect full payment. The mere payment by the insurance company of their portion does not constitute full payment except in very unusual cases.
4. You agree to the release of any and all medical information regarding your case to your insurance carrier as they require to process your claim for payment to us.
5. You authorize direct payment of all fees from your insurance company directly to the offices of Stephen M. Butler, M.D. P.A.

Patient Signature

Date