

# Blue Sky Fertility

## FINANCIAL POLICY

We appreciate your confidence in our practice and would like to work with you to limit the rising cost of medical care. You can help a great deal by reviewing the following summary of our payment policy. This policy was implemented to reduce paperwork and delays in payment, which in turn decrease the cost of care for everyone.

Blue Sky Fertility accepts cash, personal check, as well as VISA, MASTERCARD, and DISCOVER. A thirty (\$30) dollar charge for all returned checks will be assessed.

**COPAYS:** As a participating provider with your insurance, Payment is required at the time services are rendered. Co-payments are set by the insurance company to off-set the negotiated rate of our charges. All co-pay amounts must be paid at the time of visit without exception. You are expected to pay your co-payments at the time of service if insurance applies. Patients with an outstanding balance of 60 days overdue must make arrangements for payment prior to scheduling appointments or requesting prescription renewals. We realize that people have financial difficulties and we will make every effort to accommodate our patient's needs after a financial evaluation form is completed.

**SELF PAY DISCOUNT:** Blue Sky offers a self-pay discount on non-covered eligible services. Payment MUST be made at the time of service to utilize the discounted fee. Please contact the billing department for a list of eligible services. SET FEES and Private Pay treatment packages are NOT eligible for an additional discount. The self-pay discount may vary depending on form of payment and a reduced discount applies on some services when using DEBIT/CREDIT CARD. Discounts are NOT eligible on insurance billable claims or patient balances once insurance has processed (deductible, coinsurance, denied claims, etc). Blue Sky will NOT bill insurance if a self-pay discount has been applied to the service.

**INSURANCE:** We participate in most insurance plans. Please submit proof of insurance coverage prior to your visit. Blue Sky will file insurance claims for *eligible* covered services ONLY. Blue Sky will not file claims for non-covered/non-billable services. Payment is due at time the non-covered service is rendered. Final claim determination is the sole discretion of your insurance plan regardless of benefits stated. The patient/member is ultimately responsible for payment in full of services rendered, not the insurance company. In the event your insurance company does not process claim(s) according to the benefits stated the balance will be 100% patient responsibility and payment must be received immediately.

**NONPAYMENT:** If your account is over ninety (90) days past due, you will receive a letter stating that you have twenty (20) days to pay your account in full. Please be aware that if a balance remains unpaid, we may refer your account to a collection agency.

Our practice is committed to providing high quality care to our patients at affordable prices. Thank you for choosing Blue Sky Fertility. Please let us know if you have any questions or concerns.

**I authorize payment of medical benefits directly to the physician or supplier of treatment. I understand and agree that I am ultimately responsible for my account for any professional services rendered, regardless of my insurance status. I agree to pay for the services rendered even though my insurance company may determine that the services are not necessary or not covered. I agree to be responsible for any billing charges, finance charges, collection fees, and/or attorney fees assessed to my account should it become delinquent.**

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Printed name of patient or authorized representative

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Date

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Signature of insured or authorized representative

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Date