

PAYMENT POLICY

Given the constant changes to insurance company payment policies, the following policies have been established to help us continue to provide patients with the best quality of medical care. If you would like to discuss our office policies, please contact our Office Manager.

1. Payment Procedure

- a) For all equipment deliveries with expected out of pocket expenses, a credit/debit card must be on file.
- b) Once the claim has processed, an invoice will be sent. By default, the patient will receive an email directing them to our website where they can view their invoice. Paper invoices are available by request.
- c) Payment is due within 20 days of invoice date; due date is clearly identified on the invoice.
- d) Payments may be made online, by phone, or by check.
- e) If payment is not received by the due date, the credit/debit card on file will be charged automatically

2. Payment Plan: We offer no-interest payment options upon request. Payment plans may be setup only after an invoice has been issued. Patients may contact the office to setup the payment plan once an invoice is received.

- a) Payment plans are only available using credit or debit cards and may not be done by check/mail.
- b) Maximum plan length is 10 months for machines and 3 months for supplies/accessories
- c) Minimum payment is \$50 per month or \$25 bi-weekly

3. Down Payments: If the remaining deductible is more than \$750.00, we require a down payment made prior to scheduling delivery of the prescribed equipment. Down payments must be no less than \$350.00, but can be more, up to the maximum expected cost of the equipment. A credit card will remain on file for all additional costs which will be invoiced.

4. Refund Policy: Refunds will be issued to patients for overpayment. They will be sent within one week after receipt of payment from your insurance company. They will not be issued any time sooner than receipt of the payment. Refunds will be issued by the same method that payment was accepted (check or credit card). Cash payments will be refunded via check.

5. Your insurance is a contract between you and your insurance company: If you have medical insurance(s), we will submit a claim on your behalf to facilitate payment by the insurance company. However, our office cannot guarantee that your carrier will pay your claim. If a claim is denied by the insurance carrier the obligation for payment is the responsibility of the patient.

6. If you have a secondary insurance it is your responsibility to coordinate benefits between the two policies: As a courtesy, we will submit the balance from the primary payer to the secondary payer. If, however, they do not pay within 60 days we will not dispute the claim and the balance will be the patient's responsibility. Patients may file a claim to their secondary plan for reimbursement; we will assist wherever possible.

7. Changes made by your insurance company are your responsibility: We constantly adapt to changes to the participating providers. However, we are not responsible for changes to plans covered services. To ensure coverage of service(s), we encourage patients to contact their insurance provider.

8. Regarding late and non-payment: Payments must be made on or before the due date. Late payments will be subject to a late fee of \$15.00. If an invoice is over 90 days past due, we may refer the account to a collections agency. Once the account has been passed to collections, partial payments are not an option and legal action may be taken.

9. Return Policy: Opened disposable supplies (mask, tubing, filters, chambers, cushions, and chinstraps) may not be returned. Unopened supplies may be returned within 30 days of delivery. Unopened supplies more than 30 days past delivery are nonreturnable and non-refundable. Machines (CPAP, BIPAP, APAP, etc.) that are being rented may be returned before the completion of the rental – the insurance company/patient will be billed in full for the month it is returned. Machines purchased by insurance (including partial, full, or applied to deductible) are non-returnable.

10. Receipt of Equipment: Equipment delivered in person requires a signature by the patient or the patient's caregiver to confirm receipt. For supplies shipped, delivery confirmation by the shipping company (USPS, FedEx, etc.) will serve as proof of delivery. The patient must notify Quality DME of non-delivery within 30 days of order date in order to re-process orders at no charge.

11. Change of insurance: It is the patient's responsibility to notify us of any changes to their insurance plan(s). All costs accrued due to lapse in coverage or due to a change of insurance that was not reported is the responsibility of the patient. Our practice is committed to providing the best treatment to our patients. Our prices are representative of the usual and customary charges for our area. Please let us know if you have any questions or concerns.