



Joseph A. Khawly, MD FACS
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FINANCIAL POLICY

We are committed to providing you with the highest quality care and we are pleased to discuss our professional fees with you at any time. Your clear understanding of our financial policy is important to our professional relationship. Please ask if you have any questions about our fees and financial policy or your financial responsibility.

ANY CHANGES IN INSURANCE COVERAGE, ADDRESS, TELEPHONE NUMBER, OR OTHER DEMOGRAPHICS MUST BE GIVEN TO THE RECEPTIONIST WHEN YOU SIGN IN FOR YOUR APPOINTMENT.

SURGERY

Insurance will be verified at the time of your pre-operative visit. Deductible and co-insurance amounts will be verified at the same time. Payment in full is required in advance if insurance benefits are not assigned or in the event there is no insurance. A deposit will be required if insurance benefits are assigned to the doctor due to individual policy deductibles and percentage of coverage. Any overpayment by the insurance will be refunded to the patient (or parents) in a timely manner. Please provide your insurance forms on the day of your pre-operative appointment. Other financial arrangements may be discussed with one of our Patient Billing Representatives.

INSURANCE

MEDICARE: We are participating providers with Medicare. We will also file with your secondary or supplementary policy as a courtesy to you. Our office does not file tertiary insurance policies. Please make sure that you provide our receptionist with your Medicare and supplementary insurance cards when you sign in for your appointment.

INDEMNITY/FEE FOR SERVICE: As a courtesy to our patients we will file with your insurance, provided you have met your annual deductible and pay your co-insurance at the time of service. If you have not met your annual deductible you must pay at the time of service and a claim will be filed with your insurance upon request.

CONTRACTED MANAGED HEALTH CARE (HMO, PPO, EPO): It is your responsibility to make sure that your doctor is currently enrolled with your plan. All necessary referrals must have been obtained prior to each visit. If your referral has not been completed prior to your arrival in the office it may mean a delay in being seen by the physician and the possible rescheduling of your appointment. You are obligated by your insurance company to pay the co-pay at the time of your visit.

WORKERS COMPENSATION: We gladly accept Workers Compensation patients. However, your insurance information and verification of your injury must be made prior to your arrival in our office. The insurance and injury information must be given to the receptionist prior to being taken to an exam room. Failure to do so may result in the rescheduling of your appointment. Private insurance will not pay for medical claims resulting from an on-the-job injury. If there are any questions regarding whether or not you have a workers compensation claim please ask to speak to our Patient Billing Representatives.

MEDICAID: We do accept Medicaid patients. We are providers for the following Medicaid HMOs - TDH network and Star Plus. We also accept traditional Medicaid. If you are on a Medicaid HMO plan, you are responsible for obtaining the referral from your primary care physician prior to your office visit. Patients must bring their current Medicaid card at every office visit. Failure to do so will result in rescheduling your appointment.

Insurance is a contract between you and your insurance company. We are not a party to your contract. We will not become involved in disputes with your insurance company regarding deductibles, non-covered/covered expenses, co-insurance or "reasonable and customary" charges other than to supply factual information as necessary. You are responsible for timely payment of your account and office visit insurance and/or surgery deposit amounts due at your pre-operative appointment. Payment plans are available but arrangements must be made in advance with our Patient Billing Representatives.

Returned Check Fee: There will be a \$25.00 charge on all returned checks.

Minors/Unaccompanied Minors: The parent accompanying a child of a divorced family will be responsible for payment of charges incurred for the date of service regardless of insurance or divorce decree status. Unaccompanied minors must have authorization for medical treatment signed by his/her parent or legal guardian and is responsible for providing current insurance information and any necessary payment at the time of service.