

**INSURANCE INFORMATION**

The patient is expected to present the insurance card at each visit. Insurance claims are filed to participating insurance companies. The patient is responsible for notifying our office of any changes in insurance coverage.

**NON- PARTICIPATING INSURANCE PLANS**

Verification of participation with the patient's specific insurance plan is the responsibility of the patient. Patients are encouraged to contact our Patient Relations Specialist at (865) 212-3618 or their insurance carrier to ensure participation with the insurance plan prior to arriving for an appointment.

**WORKERS COMPENSATION**

Patients covered with workers compensation must contact their employer and assigned caseworker prior to treatment. Some of our physicians do not participate with workers compensation plans. The patient must inform the office prior to the appointment if the visit is related to a work injury.

**LAB PROGRAMS**

Summit Medical Group does not participate in any lab card programs.

**PATIENT BALANCE**

All co-payments, coinsurance, and deductible amounts are due and payable at the time of service.

**SELF-PAY ACCOUNTS**

Payment in full is expected at the time of service for uninsured patients.

**SPLIT-BILLING**

If, during an annual wellness/preventative visit, other concerns are addressed that are not considered part of an annual wellness visit, the patient bill may contain charges for an annual wellness visit and standard office visit. Depending on the insurance provider, the patient may be billed a copay for the additional concerns since the wellness visit and additional concerns were addressed the same day.

**DIVORCE CASES**

In cases of divorce, the individual who receives the care is responsible for payment of any patient balance at the time of service. We will not bill a divorced spouse for the patient's services.

**MINOR PATIENT CASES**

In cases of minor children, the legal guardian/guarantor who presents with the child and/or authorizes the specific episode of care is responsible for payment of any patient balance at the time of service. Statements will be mailed to the guarantor address. We cannot send statements to multiple addresses.

**COLLECTION ACCOUNTS**

Unpaid patient balances will be sent to a third party collection agency.

**PATIENT REFUNDS**

Refunds are issued to patients when a patient overpayment has occurred and there are no outstanding claims to insurance or upcoming appointments scheduled.

**QUESTIONS/PAYMENT OPTIONS**

We accept checks, money orders, Visa, MasterCard, Discover, and American Express. For specific billing inquiries or to pay by phone with a credit or debit card, please call (865) 212-3618. Payments may be made online at [www.summitmedical.com](http://www.summitmedical.com) or mailed to Summit Medical Group, PLLC, ATTN # 26194E, PO Box 14000, Belfast, ME 04915-4033.

