

Raycraft & Jones, LLC
304 W Hay Street • Decatur, IL 62526-6329

Edmund Raycraft, MD • 217-872-8200

Tyler N. Jones, MD • 217-872-8205

PATIENT FINANCIAL POLICY

We are committed to providing you with the best possible care and 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 understand that we provide services to you, not your insurance company and therefore you are responsible for your bill. Please ask if you have any questions about our fees, or your financial responsibility.

MEDICARE: We are participating providers with Medicare and will submit claims for your services. You will be responsible for the deductible and the co-insurance, which can be billed to a secondary insurance if you have one.

SELF PAY: Self-pay accounts exist if a patient has no insurance coverage. For new patients, a deposit of \$200.00 is expected on the day of your appointment before being seen by the health care provider. The balance of the charges will be due upon completion of your visit that day. If you are unable to pay the \$200 deposit and the balance due after the visit, please contact the billing office prior to your appointment.

ACCIDENT/WORK COMP CASES: You will be financially responsible for medical services related to accidents and/or workers comp. It is the responsibility of the patient to notify us of the date of injury, claim #, insurance company name, address and phone #, and contact person's name prior to coming to the office. In Illinois, Worker's Comp has 60 days to pay or deny a claim. If Worker's Comp denies your claim you will be responsible for the charges which can be billed to private health insurance.

REFERRALS: If your insurance plan requires a referral from your primary care physician, it is YOUR responsibility to obtain prior to your appointment and to have it with you at the time of the appointment. If you do not have your referral, **you may need to reschedule your appointment.**

CO-PAYMENTS: Your insurance **REQUIRES** that we collect your designated co-pay at the time of service. Please be prepared to pay the co-pay at each visit. **Without it, you may be required to reschedule.** There is a \$25 processing fee for any unpaid co-pay. Chronic non-payment can constitute severance from the Practice.

RETURNED CHECK FEES: Any returned check from the bank for non-payment or insufficient funds shall result in the patient's account being assessed a \$25 fee per check returned.

FRACTURE CARE: Some insurance companies require that fracture care billing be done on a "global" basis. This means that for a pre-determined amount of time all professional services related to the "surgery" or fracture care are included within the initial fee. X-rays and casting/splinting, along with related supplies are not included within the global fee and are billed separately.

Injections, joint aspirations and fracture care are all procedures listed as "surgical" for billing purposes by insurance companies. Though these services may be provided in the office or emergency room, they are generally listed on your explanation of benefits or bill as "surgery".

THIRD PARTY INSURANCE FORMS (DISABILITY, FMLA ETC): There is a \$5.00 form fee for completing any form that is not directly related to reimbursement of medical services. For compliance purposes, the patient information portions of the form must be completed and signed prior to acceptance, along with payment. Fees must be paid before forms will be completed. Please allow 7 – 14 days for completion of the forms. Forms can be completed in 24 hours for a \$25.00 Rush Fee. We will not fill out forms at the time of your visit.

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CHILD CUSTODY CASES: We will bill the insurance carrier for both parents. However, the parent that brings the child for services will be responsible for all outstanding charges and balances unless you have a court order stating otherwise with the name and address of the responsible party.

INSURANCE COVERAGE: On occasion your insurance may determine the care you have received is NOT a covered benefit. You are responsible to pay these charges if that happens. Please read your insurance handbook and be aware of what your insurance offers for benefits. When in doubt, contact your insurance company directly for clarification. You are responsible for care not covered by your insurance plan.

FORMS OF PAYMENT: We accept Cash, Checks, MasterCard and Visa credit and debit cards.

OUTSTANDING BALANCES: If you have an outstanding self-pay or insurance designated outstanding balance for co-pays, deductibles, co-insurance or non-covered services and you have been billed more than once without payment, you may be required to reschedule your appointment. Chronic non-payment of bills you are directly responsible for can constitute severance from the Practice.

NON-PARTICIPATING INSURANCE PLANS: As a service to our patients, we will bill non-participating claims to insurance. All outstanding balances are the responsibility of the patient. I understand if I elect to be treated by any provider at Raycraft & Jones, LLC who does not participate in my insurance plan, I am directly responsible for my charges and may not be reimbursed by insurance. _____

Patient/Guarantor Signature

COLLECTION FEES: If your account becomes delinquent our office has the right to turn it over to a collection agency. You will then be responsible for all late fees, collection fees, and attorney fees that could amount to 50% of your total delinquent bill. This amount will be in addition to the total amount you owe the Practice.

I have read the Financial Policies of Raycraft & Jones, LLC and agree to comply with the Financial Policies. In addition, Raycraft & Jones, LLC has my permission to provide medical documentation in order to obtain reimbursement. By signing below I acknowledge that I have read, understand and agree to this Financial Policy.

Patient/Responsible Party Signature

Date

If you have questions for the Business Staff please contact them at **217-875-8100**

Dr. Raycraft's Billing Staff: extension **242**

Dr. Jones' Billing Staff: extension **244**