ABOUT INSURANCE AND OTHER FINANCIAL ARRANGEMENTS

We are committed to providing you with the best possible care. In order to achieve this goal, we ask that you read and understand our policy as it applies to your particular situation.

In-Network/Out of Network Services:
Network coverage of the various insurances is in constant change. It is the patient’s responsibility to ensure that the provider seen today is a participating provider in your insurance network.

Preventive Care/Physicals:
Please notify the clinic upon arrival if your visit is related to Healthy You, Welcome to Medicare, or your annual yearly physical as we want to be able to submit your claim correctly. If you are sick, or have some other reason for visiting the provider such as lab work for prescription refills, it is recommended that you reschedule your wellness visit. Charges related to your illness or lab work for prescription refills will not be covered under a Healthy You or Welcome to Medicare visit. You may be responsible for those additional charges that are not covered by your insurance carrier.

Patients with Insurance:
Insurance is designed to reimburse the policyholder for a loss and is a contract between the policyholder and the insurance company. North Mississippi Medical Clinics, Inc. (NMMC) will submit benefit claims to your insurance company if all required information and authorization is provided to us. You are responsible for deductibles, coinsurance, and non-covered items not paid by your insurance. Many insurance plans have a timely filing limit as short as 90 days. With time restrictions on claims filing, your insurance card should be presented on the day services are rendered. You are responsible for notifying the clinic of any subsequent changes in your insurance policy.

Patients without Insurance:
All charges incurred on the date of treatment are the responsibility of the patient and full payment is expected at the time of service. We will gladly accept check, cash, debit or credit card. If you are unable to do so, please check with clinic staff regarding options related to payments.

Regarding Divorce:
NMMC is not bound by the terms of your divorce decree and cannot act as an administrator to resolve financial arrangements between parents. Parents are responsible between themselves to communicate with each other about treatment or payment issues. NMMC assigns all financial responsibility to the Primary Custodial Parent. He/she will be listed as guarantor on the child’s account and will receive all billing statements and correspondence. It is the responsibility of the accompanying adult to present active insurance information at the time of service.

Medicare:
Medicare’s annual deductible starts over every January 1 and is subject to change as a result. It is the patient’s responsibility to pay this and will be collected by our front desk staff at your first visit of each year. Along with the deductible, the patient is required to pay 20% of allowable charges incurred. Not all Medicare supplements cover the deductible or coinsurance.
Medicare Advantage Policies:
Co-pays apply for this insurance type. Co-pay amounts vary based on your policy and are usually between $10-$30 per office visit. In addition, depending on the plan, additional co-insurance may apply to ancillary services. If you have a Medicare Advantage plan and Medicaid as your secondary coverage, Medicaid will not cover the Medicare Advantage co-pay. Medicare Advantage HMO or PPO plans require a provider to have a contract. At this time, no NMMCI clinics have a contract with a Medicare Advantage HMO or PPO.

Medicaid:
Patients 18 and older have a $3 co-pay at EVERY office visit, unless you also have Medicare coverage or are pregnant. Patients have 12 visits per year, and this starts over July 1 of each year.

Blue Cross of MS:
Policies vary based on employers and types of policies chosen by the policy holder. Usually there is a co-pay for the office visit and a deductible and/or co-insurance for all ancillary services including but not limited to injections, lab work, X-rays and treatments/procedures done within the office. We will access the Blue Cross website and will inform you as to what your responsibility is. Our staff attempts to collect as we are directed by the Blue Cross/Blue Shield network.

State Employees and Public School Employees:
Blue Cross Blue Shield is the carrier at this time. Coverage varies based on the type of policy you have chosen. There is up to a $5000 deductible depending on the policy that is chosen. If your deductible is not met we request that you pay at the time services are rendered. Coverage is then usually at 80% of charges with the patient paying 20% of charges. If you have not completed your annual health risk assessment, State of Mississippi coverage will not pay your health claims.

Other Group or Individual Insurance:
Varies based on the policy you have chosen. We have the ability to access most insurance websites to see what your insurance will pay. Please understand that we are only going by what your insurance has posted and it is subject to change at any time. We cannot guarantee what your insurance will pay or if the provider you are seeing is covered under your particular plan.

Work Related/Worker’s Compensation Visits:
Please notify the clinic that your visit is related to a work injury when you initially arrive at the clinic as well as when you make subsequent appointments. Any dispute regarding whether or not your visit is related to a work injury should be handled between you and your employer. Charges that are not authorized by your employer as work related will be placed on your personal account.

GENERAL TERMS:
Ancillary Services—This includes but is not limited to injections, lab work, X-rays, treatments, procedures and medical supplies.

Co-pay—This amount is usually always just for the office visit charge. It does not apply to any ancillary charges (see above).

Co-Insurance—This amount is usually a percentage amount and applies only to ancillary charges (see above).

Deductible—This amount is usually a set amount (ex. $500) that is required, by the insurance company to be paid up front before the insurance will pay anything on your medical fees.

The above statements are ESTIMATES based on information obtained from your insurance company. We will only know for certain your responsibility once we receive an explanation of benefits (EOB) from your insurance company. Any amounts owed will be expected to be paid in a timely manner.

To help us serve you best, and protect your medical identity based on your personal health coverage, proof of identity and current insurance cards will be asked for at each visit.