



FINANCIAL POLICY

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 customer service representatives 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.

PAYMENT OPTIONS

We accept cash, checks, 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 mailed to Department 888073, Knoxville, TN 37995-8073.

RETURNED CHECKS

Checks returned for insufficient funds are collected by CheckCare[®], a third party collection agency. A \$39.00 fee will be charged by CheckCare[®] for each returned check. If your check is returned, it may be re-presented electronically. You authorize service charges and processing fees, as permitted by state law, to be debited from the same account by paper draft or electronically, at our option. Patients should contact CheckCare[®] directly regarding returned checks.

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. The responsibility for payment of services for minor children belongs to the guarantor. Statements will be mailed to the guarantor address. We cannot send statements to multiple addresses.

COLLECTION ACCOUNTS

Unpaid patient balances may be sent to a third party collection agency at the physician's discretion.

PATIENT REFUNDS

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