



## **Financial Policy**

Dear Patient,

Thank you for choosing The Ohio State University Wexner Medical Center for your health care. The location you are being seen is part of Ohio State's Wexner Medical Center. If you are being seen in a hospital-based outpatient clinic or location, you may be charged a clinic fee for the hospital. The hospital clinic fee is in addition to the physician fee.

We want to make your visit as easy as possible by providing information that will help you with our billing and payment procedures.

Be sure to bring these items with you to each visit:

- Valid Driver's License or State Issued ID
- Insurance Card(s)
- Payment such as cash, check or credit card
- Test results, x-rays and any other materials, if asked to provide those

We may not be able to see you if you do not bring these items.

If you need to reschedule or cancel an appointment, contact our office at least 48 hours in advance. Phone numbers are provided below. If you miss an appointment without notice, a rescheduled appointment cannot be guaranteed. Repeated failure to keep your appointment may result in you being dismissed as a patient.

### **Payments**

- At the time of your visit, you are responsible to pay any deductible, copayment, coinsurance, or outstanding balance as specified by your insurance company.
- Any medical services not covered by your insurance company must be paid in full at the time of the visit unless you have made arrangements with us before the appointment.
- If you do not have insurance, you will be expected to pay a deposit at the time of service unless other arrangements have been made with us.
- You need to be sure that any needed referrals and authorizations for treatment are provided to us before the visit. Your visit may be rescheduled, or you may have to pay the full amount for the services, if you do not provide the needed referral or authorization.
- Financial aid is available for qualified patients. A check of your credit status may be run to help determine if you qualify. If you feel that you may qualify, please contact the Patient Financial Services Unit. Phone numbers are provided at the end of this document. You may have to wait for your visit to be scheduled until your financial aid has been approved.
- Payment can be made with cash, check or credit card. Visa, MasterCard, American Express and Discover are accepted by our offices. There is a \$30 fee for any check returned by the bank for any reason. If you have any questions or concerns, please contact the billing customer service phone number provided below.

### **Care of Children**

*(Revised 12/2016)*

- In the event of a divorce, both parents will be considered equally responsible for payment. It will be up to the parent(s) to resolve divorce decree differences.
- With few exceptions, non-emergent treatment will be denied for any child unless the parent or guardian is present. If you cannot attend an appointment with your child, call the office in advance to see if arrangements can be made. Payment arrangements must be made prior to the appointment.

**Insurance Benefits and Forms**

- Ohio State’s Wexner Medical Center contracts with many insurance companies. If you have insurance with one of these companies, our billing offices will submit a claim for payment of services for you unless you instruct us not to. All needed insurance information, including special forms, must be completed by you before you leave your appointment.
- If the Ohio State’s Wexner Medical Center does not contract with your insurance company, you will be responsible for any balance not paid by your insurance. While our billing offices will file a claim on your behalf to your insurance company, you may be required to pay Ohio State’s Wexner Medical Center before receiving services. If payment is received from your insurance company after processing your claim, you will be refunded any extra amount after all charges have been covered.
- If you have questions about your specific insurance coverage, you need to call your insurance company. Their telephone number should be printed on your insurance card.
- Our staff is happy to help with insurance questions relating to how a claim was filed. We will also provide any additional information your insurance company might need to process your claim.

**Care as part of Clinical Research Study**

- Many studies involve routine services that would be done even if you were not part of the study. If a service provided is not considered part of the research study, Ohio State’s Wexner Medical Center will bill you or your insurance for that service.
- You are responsible to know what services will be billed to you or your insurance and what will be paid for by the study. If you have questions about what services should be paid for by the study, contact your study doctor or coordinator at the number on the study consent form.

**Financial Policy Acknowledgement**

I have read or someone has read the form to me and I received a copy of the above Financial Policy. I agree to follow the policy.

\_\_\_\_\_  
*Signature for Patient or Responsible Party*

\_\_\_\_\_  
*Date*

<b>Ohio State’s Wexner Medical Center Phone Numbers</b>	
Billing Inquiries: (800) 678-8037	Appointment or General Information inquiries: (614) 293-5123 or (800) 293-5123