

Insurance & Financial Policies

Insurance

Insurance is a contract between you and your insurer. If your insurance company pays only part of your bill or rejects your date of service, you are financially responsible for the balance and are to pay it upon receipt of your statement. Rejuv Medical, PA will not become involved in disputes regarding your co-payments, deductible, covered/non-covered charges, OR procedures that are considered investigational/experimental, and services that are considered "not medically necessary".

Patients without Insurance

Patients without insurance are required to pay for service at the time of check out with a self-pay discount of 40%.

Referrals

Some insurance companies may require a referral to receive care at Rejuv Medical, PA. It is your responsibility to obtain this referral if required. Unauthorized services will be the financial responsibility of the patient. The following insurance plans need referrals to receive care at Rejuv Medical, PA:

Health Partners with a Group Number 3080

Blue Cross Blue Shield with alpha prefix of MNA and JZD.

Veterans Affairs

*** Additional plans may be added as Rejuv works with other insurance companies***

In-Network Vs Out-of-Network

It is the responsibility of the patient to reach out to their insurance to confirm that Rejuv Medical, PA is an In-Network provider. Rejuv Medical, PA is not responsible for any insurance coverage changes throughout the year, and it is the sole responsibility of the *patient* to notify Rejuv Medical, PA in a timely manner if changes occur.

Rejuv Medical, PA is **IN-Network** with MOST of the following carriers:

AetnaBlue Cross Blue ShieldChamp VACignaHealth PartnersHumanaMedicaMedicareMedical AssistancePreferred OneTricareUcare

United Health Care

Rejuv Medical, PA is **Out-of-Network** with the following carriers:

PrimeWest

Itasca Medical

US Department of Labor (Workers Comp)

***A few specific plans **may** consider Rejuv Medical as out-of-network, and charges may be applied to your out-of-network benefits. We are aware of these plans:

Health Partners High Peak Value Preferred One Preferred Health

United Health Care AARP

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Worker's Compensation (WC)

We require written approval or authorization by your worker's compensation carrier prior to your initial visit and treatment plan. The following information must be provided to file your claim; 1) Worker's compensation insurance name, 2) claim submission address, 3) claim number, 4) date of injury, 5) body part that was injured, 6) adjuster name, phone, and fax number. If information is not provided the balance will be patient responsibility at the time of check out, as medical insurance typically does not cover injuries sustained at work. Commercial insurance information must also be provided in the event these claims are denied by the Workers Comp insurer.

Motor Vehicle Accident (MVA)

Patients involved in motor vehicle accident and seeking treatment related to injuries sustained need to provide the following to bill your date of service; 1) auto insurance name, 2) claim submission address, 3) claim number, 4) date of accident, 5) injury sustained. If information is not provided the balance will be patient responsibility at the time of check out as medical insurance typically does not cover injuries sustained in a motor vehicle accident until benefits have been exhausted. Commercial insurance information must also be provided in the event these claims are denied by the Auto insurer.

Covered Vs. Covered-in-Full (Paid)

Covered: Benefits are processed according to your insurance plan's rules for cost-sharing. If there is a deductible, you will pay the negotiated rate and it will apply to your deductible and out-of-pocket max. If you have previously met your deductible but not your out-of-pocket max, you might owe a copay or co-insurance. How much you will pay depends on your plan and the services that are received.

Covered-in-full (Paid): Benefit is paid entirely by your insurance plan. An example would be an annual physical that may be performed at Rejuv Medical.

***Very few insurers pay at 100%. Contact your insurance for clarification of your deductible, coinsurance, copay and out of pocket max. ***

Not Covered: Services that are not paid for/covered by your insurance plan. This would include services that aren't medically necessary or investigational/experimental.

Patient Billing

Copays: All patients with an insurance co-pay are expected to pay their co-pay in full at check in prior to seeing a provider. Our contract with the insurance company requires that we collect this amount. The patient's agreement with his or her insurance company also requires payment of this fee by the patient at the time of service.

Responsible Parties of Minors: Parents or legal guardian are responsible for the cost associated with the treatment of a minor children. The parent accompanying the minor child to the clinic shall be responsible for any co-pay regardless of the custodial rights.

Statements: Insurance rulings on your claims are generally received within 14-30 business days after submission of your clinic visit. Once we receive this information from your insurance, a statement will be sent to you if there is a remaining unpaid balance on your account. Your unpaid balance is due upon receipt of your statement unless other arrangements have been approved by Rejuv Medical, PA. Statements will be sent to the address listed on your registration form. Please notify our office if you want your statements to go to an alternate address.

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Lab Services

Rejuv Medical, PA does not process labs onsite for our providers - all lab processing is done through Quest Diagnostics. Certain insurance companies require labs be billed by the lab actually PROCESSING the sample, so be aware that you may receive a separate bill from Quest Diagnostics. Any questions or concerns regarding that bill would need to be addressed directly with Quest Diagnostics.

Payment Policy

Cash paid balances: All cash paid balances need to be paid at the time of service. This would include:

Orthopedic Sports Medicine:	Functional Medicine:	Esthetics
Prolotherapy	IV Therapy	Botox
Platelet Rich Plasma (PRP) Treatment	LEANboost	Dysport
Stem Cell Treatment	Food Sensitivity Testing	Fillers
Shockwave	Saliva Testing	Facial & Hair PRP
	Sexual Wellness PRP	

Payment Plan Policy: All billed patients will have the opportunity to contact Rejuv Medical, PA to discuss payment arrangements for their accounts at any time in the billing process. There is a minimum amount of \$50.00 per month or 10% of the balance a month, whichever is greater.

If patients are unable to meet the financial obligation, a non-emergency service would need to be rescheduled, as well as future appointments will have to wait until a payment is received or payment plan is implemented.

Payment Options: Payments may be made with cash, personal check, credit card (VISA, MC, AMEX, and Discover), or Care Credit.

Returned Check Fee: There is a \$25.00 fee for returned checks.

Collections

We kindly ask that payment be made upon receipt of your statement. If an account becomes 30 days past due, Rejuv reserves the right to send a written Final Notice, allowing an additional 30 days to make payment or set up a payment arrangement. If there is still no resolution after this period, the account may then be referred to a thirdparty collection agency. At that point, all further payment arrangements would be handled directly through them. This reflects the formal collections process Rejuv may follow in the event of an unpaid balance. Whenever possible, our preference is to work with patients to find a resolution before it reaches this stage.



Scheduled Appointments

If you are unable to keep your scheduled appointment, please call us at least 24 hours in advance to reschedule/cancel your appointment. If there are multiple cancelled or no-showed appointments, Rejuv Medical, PA reserves the right to require a \$25.00 appointment hold fee to schedule any future appointments and no more than two appointments can be scheduled at a time. Appointment hold fees are non-refundable if scheduled appointment is cancelled or a no showed.

Records Request

If copies of your records are needed or are to be transferred to another facility, you must make the request in writing. We reserve the right to charge reasonable copying fees. Any attorney requesting records needs to send in a medical record request. Rejuv Medical, PA reserves the right to take up to 10 days to process a request.

Legal Claims

If you are being treated due to a motor vehicle accident or workers compensation claim, Rejuv Medical, PA requires that patients allow us to bill your personal health insurance carrier pending settlement of your case. In the absence of personal insurance, the self-pay discount will be applied and need to be paid at the time of check out. Payment of your bill remains your responsibility. When an attorney is involved, you will be required to obtain a Letter of Protection before any other services are rendered.

PLEASE INITIAL THE FOLLOWING:	
Rejuv Medical, PA cannot guarantee insurance co provide will assist us in determining if some of the exper	overage by your insurance carrier. The information you nses are reimbursable by insurance.
I understand that I am financially responsible for	all charges whether paid by my insurance carrier.
SIGNATURE BELOW CONFIRMS THAT YOU HAVE BOTH REA	AD AND UNDERSTAND ALL POLICIES AND CONDITIONS.
Patient Name - Print First and Last	Relationship (if patient is a minor)
Patient (or responsible party) Signature	 Date