

Lorraine M. Dodson, M.D.  
Brian T. Stephens, M.D.  
Brandi Nichols, M.D.



Jodi A. Berendzen, M.D.  
Amanda T. Rodemann, D.O.

## FINANCIAL POLICY

**MEDICARE PATIENTS:** We **DO** accept Medicare assignment. Some items may not be covered by Medicare and you may be responsible for payment at the time of service for non-covered services. **If** your secondary insurance sends you the payment, please endorse and send to our office immediately. Medicare reimbursement is set by the government, not by this office.

**INSURED PATIENTS:** All insurance policies are different, and it is your responsibility to understand your insurance policy. If you have a managed care plan, such as an HMO, PPO, MEDICAID, ETC., it is up to you to understand how your plan works and to bring the required insurance card. If your policy requires a referral form and you do not bring one, we can not see you that day and you will have to reschedule your appointment for another day. **WE ARE NOT RESPONSIBLE FOR GETTING THE REFERRAL FORMS FOR YOU.** Your copayment is due at the time of service.

**SELF-PAY (NON-INSURED PATIENTS):** Arrangements must be made prior to scheduling your visit as to how you plan to pay your bill. If you are suffering a financial hardship an extended payment plan is available for qualified applicants. We will accept cash, checks, Visa, MasterCard, or Discover. If you need to make payment arrangements you may call our office at (573) 636-5248 x 146.

**MAJOR SURGICAL PROCEDURES:** Hospital, Radiology and Anesthetic charges are billed separately and we are not responsible for this billing. We will precertify all surgery procedures and you will be contacted **only** if we have a problem with your insurance company. You are responsible for paying all fees, most of which are established by Federal laws.

**MINORS:** Adults accompanying children or requesting services for a child are responsible for payment **regardless** of who has custody of the minor.  
Thank you for understanding our financial policy. Please let us know if you have any questions or concerns.

X \_\_\_\_\_ Date \_\_\_\_\_