

Financial Policy

UNOVA Health is honored to be your healthcare provider and we thank you for allowing us to serve you. We are committed to providing you with the highest quality of medical care and developing a successful relationship. We have developed these financial policies to help you understand our patient billing policies and procedures to avoid any miscommunications about the handling of your bills and accounts. Keeping you informed regarding our financial policies and your financial responsibility is a part of the exceptional care, UNOVA Health strives to provide to all patients. Since patients are ultimately responsible for the charges associated with their care even when insurance is in place, we have created a financial policy to clearly delineate the financial terms of your care. Please note that you are responsible for all co-payments, co-insurance, deductibles and non-covered services on the day of your scheduled appointment. It is for this very reason that all billing questions and concerns should be brought to the attention of our Patient Care Representatives rather than opening a financial discussion with your physician. For clarification, we have provided you with details of our financial policy below:

Hours and Payment Types:

Business Office Hours: 8:00 a.m. – 5:30 p.m. Monday through Friday

Business Office Phone: [\(352\) 973-4070](tel:(352)973-4070)

UNOVA Health accepts: Visa, MasterCard, American Express, Discovery, personal checks and cash.



Verification of Benefits: Please present a valid insurance card upon each visit to UNOVA Health. It is your responsibility, as the insured, to follow the rules and guidelines outlined by your individual insurance policy. You are responsible for understanding what your coverage limitations are, including referrals and pre-authorization requirements. Inaccurate information, expired insurance cards, or failure to obtain proper authorization will result in claims being denied by your insurance company. If this happens, charges for your medical services will then become your direct responsibility.

About our fees: UNOVA Health will charge fees for: (1) Completion of Forms (e.g. Disability or Family Medical Leave), (2) Copies of Medical Records, & (3) Failure to Cancel Appointments in Advance ("No Show"). Notify UNOVA Health of cancellations at least one business day in advance to avoid \$25.00 No Show fee. (4) Checks Returned for Non-Sufficient funds. A \$30.00 fee will be charged for returned check.

Patients with Medical Insurance Benefits: UNOVA Health participates with most major health plans. Our business office will submit claims for any services rendered to a patient who is a member of one of these plans and will assist you in any way we reasonably can to help get your claims paid. It is the patient's responsibility to provide all necessary information before leaving the office. If you have a secondary insurance company, we will automatically file a claim with them for non-covered charges as soon as your primary insurance company has paid. Your insurance company may need you to supply certain information directly. It is your responsibility to comply with their request.

If you are insured by a plan we do business with but don't have an insurance card with you, payment in full for each visit is required until we can verify your coverage.

If a patient is a member of an insurance plan with which we do not participate, and there are no out of network benefits available; payment in full is due at the time of service.

Auto & Workers Comp Insurance: UNOVA Health will file your Auto claim or Workers Compensation claims but you are required to provide the following information:

- Insurance Carrier and Address
- Date of Injury
- Claim Number
- Workers Compensation will require name of your employer at the time of accident; Adjustor and contact information.

This information will ensure accurate and timely filing of your medical claims. Without this information, we will not be able to submit a claim to your Auto or Workers Compensation carrier. Therefore, we will request payment in full at the time of service.

Self-pay (Non-Insured): Patients without insurance coverage will be asked to make the full payment at the time of service. Uninsured patients will receive at point of service discount when payment is rendered. If additional services are rendered beyond the estimation provided for the visit, the patient will receive a bill for the remaining balance at the discounted rate.

Past Due Balances: If you have a balance in collections or open balances that have aged more than 30-days from the previous services, payment for all outstanding balance is expected at the next scheduled appointment. Failure to pay a delinquent account will result in refusal to schedule appointments or possible termination from the practice.

If you have any questions or concerns regarding any of these policies, please contact the office at (352) 973-4070 and ask to speak with one of our Patient Care Representatives.

