



Pulmonary Physicians of Kansas City, Inc.
1004 Carondelet Drive, Suite 410
Kansas City, MO 64114
816-389-6100

FINANCIAL POLICY

Thank you for choosing Pulmonary Physicians of Kansas City for your health care needs. We are committed to providing you with quality health care. In order for us to continue to provide that quality care, it is necessary for us follow our financial policy closely. The following is a statement of our Financial Policy which we require you to read and sign prior to any care provided by our office.

FULL PAYMENT OF OFFICE CO-PAY IS DUE AT THE TIME OF SERVICE. You are responsible for deductibles and coinsurance as directed by your insurance policy. It is our contractual responsibility to collect these amounts from you. For your convenience we do accept cash, checks, Visa, Mastercard, Discover, and American Express.

Insurance

Your office co-pay is due at the time of your visit. For your convenience, we will file insurance claims with all insurance carriers. You will be responsible for any deductibles and co-insurance as explained in your policy. We cannot bill your insurance company unless you provide us with all insurance information, so please bring your insurance cards to your appointment. You are responsible for notifying us of any changes in insurance coverage each visit. If no valid insurance card is presented at the time of service, we will follow the guidelines for private pay patients and you will need to pay for services as they are rendered. Once the card is presented, we will gladly file a claim and refund any money due you.

Out of Network or Non-Covered Services

You are responsible for balance in full for services not covered by your carrier and are required to pay when billed.

Private Pay

If you do not have insurance, payment is due at time of service. We accept cash, checks and credit cards. Please be prepared to pay in full at the time of your visit unless prior payment arrangements have been made.

Worker Compensation

Only authorized referrals will be accepted. If authorization for the medical visit is not received prior to the appointment, the patient will not be seen. The patient must notify Pulmonary Physicians of Kansas City prior to their scheduled appointment with the following information if applicable: attorney's name and phone number, employer name, contact person and phone number, work comp carrier name, adjustors name and phone number, the date of injury, and claim number.

Personal Injuries and Motor Vehicle Accidents

We will file for private insurance if the information is provided to us. The patient is responsible for all co-pays and they are due at the time of service. Deductible and/or coinsurance are the patient's responsibility and are required to be paid when billed.

Prompt Pay

Any balance that is billed to a patient is due upon receipt of the bill. Any balance that remains unpaid for 30 days will be subject to a \$5.00 rebilling fee to offset the expenses incurred by Pulmonary Physicians of Kansas City. We encourage all of our patients to contact our billing representatives to make payment arrangements if they feel that they cannot pay the bill in full.

If you have any questions regarding our Financial Policy, please ask to speak with a representative from our billing department or call them at 816-389-6100.