

Financial Policy – Courage Center Outpatient Services

Thank you for choosing Courage Center as your rehabilitation care provider. We are committed to providing you with quality and affordable health care. To assist with questions regarding patient and insurance responsibility for services rendered, we have developed this financial policy. Please read it and ask us any questions you may have. ***Courage Center customer service can be reached at (763)520-0290.***

While you may have insurance coverage to pay your medical bills, you are ultimately responsible for all charges for services received.

1. Insurance. Courage Center participates with several insurance plans, however out of pocket costs may vary depending on your carrier requirements. Requirements might include but are not limited to a referral from your primary care physician, coverage exclusions, visit and/or dollar limits, and/or prior authorization. ***Knowing your insurance benefits is your responsibility.*** Please contact your insurance company with any questions you may have regarding your coverage. (See back of your insurance card for your Insurance Customer Service telephone number)

2. Co-payments. All co-payments must be paid at the time of service. This arrangement is part of your contract with your insurance company. Failure on our part to collect co-payments from patients can be considered fraud. Please help us in upholding the law by paying your co-payment at each visit.

3. Non-covered services. Please be aware that some – and perhaps all – of the services you receive may be non-covered or not considered reasonable or necessary by your insurance. If denied as such by your insurance, you are responsible to pay for these services upon receipt of our statement to you, ***and continued services must be paid at the time of visit.*** Courage Center does offer cash discount for payment at time of service (excluding co-payments), please request to review that policy if you so choose.

4. Claims submission. We will submit your claims and assist you in any way we reasonably can to help get your claims paid. Your insurance company may need you to supply certain information directly. It is your responsibility to comply with their request. Please be aware that the balance of your claim is your responsibility whether or not your insurance company pays your claim. Your insurance benefit is a contract between you and your insurance company; we are not party to that contract.

5. Proof of insurance. If you fail to provide us with the correct insurance information in a timely manner, you may be responsible for the balance of a claim. Please call Courage Center customer service to provide any corrected insurance information.

6. Coverage changes. If your insurance changes, please notify Courage Center customer service before your next visit so we can make the appropriate changes to help you receive your maximum benefits. If your insurance company does not pay your claim within a reasonable period of time, the balance may be billed directly to you.

7. Nonpayment. Payment is due upon receipt of statement. Patient Responsible balances not paid in 40 days are past due. ***Patient-responsible balances include but are not limited to co-payments, co-insurance, deductibles, non-covered services and medical assistance spend-downs.*** Please be aware that if a balance remains unpaid, services may be placed on hold, your account referred to a collection agency, and we may not be able to provide future services. Complete Account Follow-up and Collections Policy is available upon request.

8. Financial Assistance may be an option for non-Medicaid recipients. Fees and balances due may be reduced based on financial eligibility. Please inquire about our cost share program if you are experiencing financial hardship.

Our practice is committed to providing the best treatment to our patients. Our prices are representative of the usual and customary charges for our area. Thank you for understanding our financial policy. Please let us know if you have any questions or concerns.