



HARTFORD HEALTHCARE

Frequently Asked Billing Questions

1. Why was I charged a no-show or cancellation fee?

If you miss your appointment, it is recorded as a no show. We recognize that this can happen once, but thereafter, it is our policy, to automatically generate a \$35 no-show fee. If you feel this was done in error, please call the office and ask to speak to the Lead Receptionist.

To avoid a cancellation fee of \$35, you must cancel your appointment within 24 hours. If you are unable to give 24 hours notice due to an emergency situation, please call the office and speak to the Lead Receptionist.

This charge is applied to your account, per our policy, in order to cover the administrative costs of preparing your chart for the visit, provider preparation for your visit, documenting missed/canceled appointment in system/chart, staff notifying provider, staff returning record to file room and possibly having staff call you to reschedule. More importantly than the costs associated with the missed appointment, it did not allow your provider to potentially see another sick patient at your scheduled time.

2. Why was I charged a \$45.00 administrative fee?

HMG will send you a statement showing the balance owed by you. The statements will also note that non-payment will result in your account being turned over to collections. HMG contracts with a collection agency to provide this service and there is a cost to HMG for every account sent to them. This cost must be passed along to the patient.

We strongly recommend that if you have a question on a statement, that you call: (1) HMG billing office at 800-856-1974; (2) Your insurance plan customer service number; or (3) HMG office where service occurred and ask to speak to the Lead Receptionist or Practice Manager.

Ignoring the statement and assuming that it will be paid by your carrier is a mistake which can result in your account being turned over to a collection agency. HMG will assist you as much as possible in resolving any insurance issues that you may have.

3. Can I be set up for a budget plan?

Yes, please contact the billing department at 800-856-1974 to have a billing representative assist you with this process.

4. Why was I billed for my full co-pay amount when I had paid it at the office?

First try to find proof of payment at home. If a cash payment was made, it is necessary for you to provide the receipt that was given to you. Credit card and check payments are easier to track. Please contact the billing department at 800-856-1974 to have a billing representative review your account for the date of service in question. They will contact the office and have financial records for that date of service pulled and reviewed. This process may require 1-2 business days before a representative can make the final determination.

5. Why was I charged a higher co-pay amount than the amount indicated on my insurance card?

If insurance plans change their co-pays, it is usually done on an annual basis. Your insurance plan should have sent cards to their members indicating this change. For one reason or another, the patient may not have gotten this new card or did not realize their co-pay was increased. In the office, we often check insurance eligibility which will tell us if the patient has insurance and what the co-pay is. We will update our system with that information. Or we can tell if a co-pay increased by a paid claim from a recent visit (in that calendar year). We will update our system with that new information and collect the higher co-pay at your next visit. We will also ask you to provide a new insurance card or inform you to call your carrier to request a new card.

If you believe our information is incorrect, please contact the insurance plan to dispute the co-pay amount and request the insurance plan to reprocess the claim.

6. Why was I charged for this service/procedure?

Please contact the billing department at 800-856-1974 to have a billing representative review your account. The billing department can contact the office to verify the services rendered.

7. Why was I charged for a physical exam and office visit on the same date of service?

HMG follows national guidelines for physicians billing. Within those guidelines, a physical is an assessment of your well being to prevent the onset of future problems. When other conditions are discussed, evaluated, treated and or managed, another level of service is added and an additional charge applies. Please see the attached document also.

8. Why was I billed for services such as travel counseling, school physical, etc.?

The services rendered were submitted to your insurance plan and were denied as "non-covered", therefore, payment is your responsibility. Payment is expected within 15 days of the statement date.

9. Why was I billed for self-pay charges when I had paid in full at the time of service?

At the bottom of the self-pay receipt, it indicates that "This is only an estimate of your charges for today's visit. If there are additional charges, an invoice will be forwarded to you."

10. Why is my patient account deactivated and I cannot make an appointment?

Most accounts that are deactivated are usually due to non-payment for services rendered. Multiple attempts would have been made by HMG to resolve the issue. If there is no resolve, the patient account will be deactivated and a certified letter will be sent to the home. Please contact the billing department at 800-856-1974 to have a billing representative review your account and inform you of your outstanding balance. If you want to appeal the decision, please request a reactivation form. This will be mailed to you for completion and submission to the Business Office for review. You cannot be seen until you have been approved for reactivation. There are no guarantees that you will be reactivated.