

FINANCIAL POLICIES

Welcome and thank you for choosing Our Family Health Center for your medical care. We are committed to providing you with the highest quality medical care possible in a cost effective manner. Our professional fees have been determined through careful consideration in addition to being reasonable and customary within our geographical area. We are pleased to discuss with you any questions you may have concerning a bill. Payment in full is due at the time services are rendered. As a courtesy to our patients, we accept cash, personal check, money order, Visa, MasterCard, and Discover.

We also provide our patients the ability to access their account statement through their secure patient portal at <https://health.eclinicalworks.com/OFHC>

In order to achieve our goal of providing you with the best care possible, we need your assistance and your understanding of our financial policy:

Things to bring with you to EACH appointment:

- Health Insurance Card(s)
- Drivers License
- Method of Payment

Appointments:

- If more than 10 minutes late for your appointment, you will be marked as a *No Show* and will need to reschedule your appointment.
- It is your responsibility to verify that the physician is currently under contract with your insurance plan and that if necessary you have obtained all referrals BEFORE your scheduled appointment. (Failure to confirm this may result in your responsibility for any and all charges.)
- Please inform the receptionist of any demographic changes (phone number, address, insurance information, etc.). Failure to notify us immediately of changes in demographic information, statement responsibility and/or insurance coverage may result in you being responsible for any services and fees not covered by your insurance.

Missed or cancelled appointments and other fees:

- 24 hours notice is required to cancel and/or reschedule all appointments. This allows us the opportunity to offer this appointment to other patients in need. Failure to do so will result in a \$25 *No Show* fee.
- There will be a \$10 fee each time a check has to be resubmitted due to Insufficient Funds up to 3 tries. After 3 attempts to submit there will be an additional \$30 non-payment fee and all further payments will have to be made by cash or credit.
- All balances are due prior to any further service provided by our office.

Payment in full is due at the time services are rendered:

- Co-pays and co-insurance amounts, deductibles, and all non-covered items and charges are the insured/patient's financial responsibility and are due during the check-in process. Failure to produce payment at check-in may result in your appointment being rescheduled.
- If you receive more than one type of service on the same day, your insurance may hold you responsible for more than one co-pay.
- Any amount not covered by the insured/patient's insurance is due within 30 days of the time of service.
- Any outstanding balance, after 30 days, may incur a \$5 monthly statement processing fee, in addition to the initial balance.
- Failure to pay balances may result in discharge from the practice.

Additional paperwork:

- Any paperwork needed to be filled out by the staff will result in a charge, depending on the length of the paperwork.
- Paperwork must be discussed and approved to be completed. Please do not fax documents to our office.
- A 48 hour notice is required for all paperwork.

"In Network" vs. "Out of Network" insurance:

- Your insurance coverage and benefits are a contract between you and your insurance company and therefore all disputes must be handled between you and your insurance company..
- If you have insurance coverage under a plan with which we do not have a contract, you will be treated as a *self pay* patient.

Self-Pay patients:

- We offer a reasonable discount for our cash paying patients. We will give you an estimate of what will be due at the time of service and payment for services is due at the time of service.
- You will be asked to sign a waiver stating that you have no health insurance and will not be filing with any health insurance carriers. Failure to sign this waiver may result in cancellation of your appointment.

Minor patients:

- The parent(s) or guardian(s) accompanying a minor are responsible for providing current insurance information for the minor as well as the payment in full for services provided.
- Parent(s) or guardian(s) must have an Authorization for Medical Treatment form signed each time a minor arrives unaccompanied by their legal guardian for an appointment.
- Both parents/legal guardian(s) are responsible for payment for services rendered to the minor patient. A copy of this financial policy and all statements will be provided to each parent if living in separate residences.

Workers' compensation:

- Our office will send appropriate workers' compensation claim forms for services rendered on your behalf as a courtesy. If a claim is denied, we will expect payment in full from you within 30 days of receipt of our bill.

Lab/hospital charges:

- Any service(s) provided by a lab or hospital is a contract between you and that lab or hospital. Any dispute with that lab or hospital should be handled with that lab or hospital and is not the responsibility of our practice.
- It is your responsibility to know which procedures your insurance will and will not cover at these facilities and to request an Explanation of Benefits (EOB) from your insurance carrier.
- It is your responsibility to notify us if you or your insurance requires us to use a specific lab or hospital.

Collections and outstanding balances:

- Any outstanding balance after 90 days of the date of service may be referred to an outside collection agency. Accounts referred to an outside collection agency or attorney may be subject to a collection fee of 25%, this will be added to the total balance due.
- Patients with unpaid delinquent accounts or accounts sent to collections may be discharged from our practice.

Refunds:

- Refunds are issued to the party who made the overpayment.
- Patient refunds will not be processed until all active or past due charges are paid in full.
- Refunds will take up to 10 business days to process once requested.

Insurance:

- It is your responsibility to know what is involved in your contract with your insurance.
- It is your responsibility to communicate issues to your insurance. Insurance companies will not communicate with 3rd parties regarding your benefits.
- If you acquire insurance after a visit that was retroactive to the time of that visit it is your responsibility to communicate all necessary information in order to submit a claim. You may be reimbursed after payment is received from the insurance carrier. There will be no submission of claims greater than 60 days after date of service.

Waiver of insurance billing

You have registered as a **cash/ private pay patient**. This means that at the time of service you will be paying by cash, check, or credit card. Due to this cash payment you are receiving a discount. We will not bill insurance for services provided under this arrangement. No forms will be produced now or in the future for you or us to submit for insurance billing.

Fee Schedule:

New Patient first appointment: \$125

Follow-up appointments: \$80

Labs and Office Procedures: *Prices given at time of service*

I agree to:

- 1) pay at the time of service, and
- 2) waive insurance billing by Our Family Health Center.

Patient signature_____

Date_____