



PATIENT FINANCIAL POLICY

Patient Name: _____ Date of Birth: ____/____/____

Thank you for selecting us as your primary care provider. Our goal is to provide exceptional medical care. Your clear understanding of our Patient Financial Policy is important to our professional relationship. Please understand that payment for services is a part of that relationship. Please ask if you have any questions about our fees, our policies, or your responsibilities. It is your responsibility to notify our office of any patient information changes (such as address, name, and insurance information). We accept cash, checks, money orders, certified checks, debit cards or credit cards. We do not accept post-dated checks.

Co-pays and Deductibles

Each patient is expected to present an insurance card at each visit. All co-payments, deductibles and past due balances are due at time of check-in unless previous arrangements have been made with a billing coordinator. Co-payments and deductibles are part of your contract with your insurance company. Failure on our part to collect co-payments and deductibles from patients can be considered fraud. Please help us uphold the law by paying your co-payment at each visit, even if you are sick.

Non-covered services

Occasionally Medicare or other insurers may decide not to cover a service that your provider considers necessary to diagnose and/or treat your condition. We will do our best to inform you when this is the case, but the insurance company may not reveal this until after the services have been provided. We will not under any circumstances falsify or change a diagnosis or symptom in order to convince an insurer to pay for care that is not covered, nor do we delete or change the content in the record that may prevent services from being considered covered. We cannot offer services without expectation of payment, and if you receive non-covered services, you must agree to pay for these services in the event that your insurance company does not. You must pay for these services in full at the time of visit.

Insurance

Insurance is a contract between you and your insurance company. We are not a party to that contract. We will submit your claims to your primary insurance company and assist you in any way we reasonably can to help get your claims paid. It is up to the patient to submit claims for any secondary insurance coverage, except for Medicare. We will reimburse you if we receive payment from any secondary insurance coverage.

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. In order properly to bill your insurance company it is necessary for you release all insurance information to us. This includes primary and secondary insurance, and any change of insurance information. Failure to provide complete insurance information may result in patient responsibility for the entire bill. Although we may estimate what your insurance company may pay, it is the insurance company that makes the final determination of your eligibility and benefits. If your insurance company is not contracted with us, you agree to pay any portion of the charges not covered by insurance, including but not limited to those charges above the usual and customary allowance. If we are out of network for your insurance company and your insurance pays you directly, you are responsible for payment and agree to forward the payment to us immediately, as well as the difference between the charges for services we provide to you, and the amount the insurance company paid.

Self-pay Accounts

Self-pay accounts include patients without insurance coverage, patients covered by insurance plans in which the office

does not participate, or patients without an insurance card on file with us. We do not accept contingency payments. It is always the patient's responsibility to know if our office is participating with his or her insurance plan. If we cannot verify insurance eligibility and/or our office participation in the patient's insurance plan to our satisfaction, the patient will be considered self-pay. Self-pay patients will be required to bring \$100 at the initial appointment and will be asked to make payment arrangements for the balance. **We usually apply a significant discount for complete payment at the time of service.** Extended payment arrangements may be available. Please ask to speak with a billing coordinator to discuss a mutually agreeable payment plan. Health-e-Care always strives to provide the best care possible and the least amount of stress, including financial stress, to our patients.

Appointments

Patients are seen by appointment only; we are unable to accommodate walk-ins. For problems that require same day attention, our office should be called early in the day. Separate appointments are needed for each patient, including family members who may need to be seen on the same day. Health-e-Care must have at least 24 hours advance notice for appointment cancellation. Appointments missed but not canceled, or canceled with less than 24 hours-notice, usually cannot be filled by another patient. Therefore we usually charge a fee of \$50.00 for utilizing the provider's time as a result of missed but not canceled appointments and appointments canceled with less than 24 hours-notice.

Referrals and Prior Authorizations

Certain health insurance plans (HMO, POS, etc.) require that you obtain a referral or prior authorization from your Primary Care Provider (PCP) before visiting a specialist. We will manage referrals and prior authorizations for medically needed care for the plans that require these. If your insurance company requires a referral and/or prior authorization, you are responsible for obtaining it. Failure to obtain the referral and/or prior authorization may result in a lower or no payment from the insurance company, and the balance will be your responsibility. As your Primary Care Providers, we are telling you this as a point of information so you do not incur unnecessary charges when you see a specialist.

Medical Records

At your written request we will send a copy of your records to the physician of your choice. There is a charge for this service and a specific release form that must be completed. There is no charge or release necessary when you are referred to a specialist who needs your medical records.

Completion of Forms

We require a prepayment of \$15.00 for completion of each form including insurance, disability, FMLA, official, and camp/school physical forms. We need 7 working days for the forms to be completed and will mail them to you at the address you provide to us. Request for expedited form completion will require a payment of \$25 for completion of each form with a turnaround time of 3-5 business days.

Non-payment

It is our office policy that past-due accounts be sent two billing statements. If your account is over 90 days past due, you will receive a letter stating that you have 14 days to pay your account in full. Partial payments will not be accepted unless otherwise negotiated. We will also attempt to contact you with a single phone call to try to make payment arrangements. If no resolution can be made, the account will be considered in arrears, and our bad debt policy (below) will be applied.

Bad Debt Policy

Bad debt applies to accounts that are over 90 days past due, accounts in which there has been a check returned for insufficient funds, stop-payment, or a closed account, or forged or otherwise inappropriate checks and other forms of payment.

For all types of bad debt, we will leave the outstanding balance on our books as unpaid debt. The debt must be paid in full (or the part of your outstanding balance due as part of a payment plan we may arrange with you) before one of our Health-e-Care providers can see you for further medical care or to refill your prescriptions. This does not include medical care for acute urgent or emergency conditions that would put the patient's health at risk, which will not be

denied for bad debt status. The charges for that urgent or emergency care will be added to the patient's outstanding balance.

- In the case of checks returned for insufficient funds, we will send a notification letter to you that we have had a check returned by the bank. To clear the bad debt status, you will be asked to deliver in person a new payment in the original amount plus a returned-check fee of \$40.00. The returned-check fee will be waived if we receive the payment within 7 days from the letter date.
- In the case of a stop-payment, the same conditions apply as a check returned for insufficient funds. We may contact you to determine if there is a cause for you to have stopped payment, and may decide not to apply the bad debt policy in some cases.
- In the case of a check returned for a closed account or evidence of forged checks and other inappropriate checks and forms of payment, we may immediately send the debt to a collection agency and/or inform the applicable authorities.

For all types of bad debt, the patient becomes a self-pay patient, in effect for at least 6 months. Patients in this category will be expected to pay completely for services at the time the medical services are provided by Health-e-Care, and will receive a refund if their insurance pays for a portion of their care. These patients will qualify for the discount Health-e-Care offers for complete payment at the time of service.

For all types of bad debt, the forms of payment we will accept include cash, credit card, debit card, money order or certified check, but not personal checks. At a time at least 6 months after the bad debt has been resolved, we may, at our discretion, no longer apply the bad debt policy.

Our policy is to refer your account to a collection agency if a balance remains unpaid. When this occurs, you and your immediate family members may be dismissed as patients of our Health-e-Care practice. If this is to occur, you will be notified by regular and certified mail that you have 30 days to find a new physician. During that 30-day period, our physicians will only be able to treat you on an emergency basis.

Acknowledgement of Health-e-Care Patient Financial Policy

I have read and understand the Health-e-Care Patient Financial Policy will comply with this policy.

Print Name of Patient (or Parent or Guardian for minor patients)

Signature of Patient (or Parent or Guardian for minor patients)