



# Payment Policy

---

Thank you for choosing us as your house call provider. We are committed to providing you with quality and affordable health care. Because some of our patients have had questions regarding patient and insurance responsibility for services rendered, we have been advised to develop this payment policy. Please read it, ask us any questions you may have, and sign in the space provided. A copy will be provided to you upon request.

## **Insurance.**

We participate in several insurance plans, including Medicare. If you are not insured by a plan we do business with, payment in full is expected at each visit. Upon request a schedule of our fees will be provided. We will make every effort to verify your coverage prior to your first appointment, however, the more information we can get from you, the less likely you are to receive a bill from us in error.

## **Co-payments and deductibles.**

All co-payments and deductibles must be paid no later than 24 hours after the visit is complete. To make sure all bills are sent to the correct address and the person responsible for the account, please make sure to let us know of any changes.

This arrangement is 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 in upholding the law by informing us in a timely manner of changes in financial responsibility.

## **Non-covered services.**

Please be aware that some of the services you receive may be noncovered or not considered reasonable or necessary by Medicare or other insurers. If this happens, we will make every effort to communicate this to you prior to services being rendered. However, services that are not covered by your insurance are responsibility of the patient.

## **Services by other Providers**

We rely on a network of other providers to provide complete patient care, this may include labs, radiology facilities and other specialists. In cases where we either do not participate with your insurance or accept Self Pay status for a

patient, referrals to other providers are not covered, either. If a referral or order is deemed necessary, we will make every effort to communicate this to you ahead of time so you may contact your insurance to find out what possible covered alternatives exist. However, we are not responsible for balances resulting from referrals to other providers.

### **Proof of insurance.**

All patients must complete our patient information form before seeing the doctor. We must obtain a copy of your driver's license and current valid insurance to provide 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.

### **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 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.

### **Coverage changes.**

If your insurance changes, please notify us before your next visit so we can make the appropriate changes to help you receive your maximum benefits.

### **Nonpayment.**

If your account is over 90 days past due, you will receive a letter stating that you have 20 days to pay your account in full. Partial payments will not be accepted unless otherwise negotiated. Please be aware that if a balance remains unpaid, we may refer your account to a collection agency and you and your immediate family members may be discharged from this practice. If this is to occur, you will be notified by regular and certified mail that you have 30 days to find alternative medical care. During that 30-day period, our physician will only be able to treat you on an emergency basis.

### **Missed appointments.**

Our policy is to charge for missed appointments not canceled within a reasonable amount of time. These charges will be your responsibility and billed directly to you. Please help us to serve you better by keeping your regularly scheduled appointment.

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.

**Private Home Trip Fee.**

Patients joining the practice after March 13, 2018 will be charged a transportation fee. A private home initial visit is \$95.00 and follow up private home visit is \$25.00. This fee is due within 24 hours after the visit.

Thank you for understanding our payment policy. Please let us know if you have any questions or concerns.

**I have read and understand the payment policy and agree to abide by its guidelines:**

\_\_\_\_\_  
**Signature of patient or responsible party**

\_\_\_\_\_  
**Date**

\_\_\_\_\_  
**Name of patient responsible party**

\_\_\_\_\_  
**Date**

\_\_\_\_\_  
**Relation to patient**