HEARTLAND FAMILY FIRST MEDICAL CLINIC
FINANCIAL POLICY

PURPOSE:
Heartland Family First Medical Clinic (HFFM) is committed to providing quality and affordable health care to the patients it serves. We respectfully expect that payment is due by all patients at the time services are rendered.

POLICY:
To ensure all patient balances are appropriately billed and collected.

PROCEDURE:
The following guidelines are to be followed during the billing and collection process:

Insurance:
HFFM participates in most insurance plans. HFFM will bill the patient's insurance company as a courtesy. Insurance claims will be filed daily by our billing vendor. The patient's insurance company may request patients to supply certain information directly, that is the responsibility of the patient to comply with their request. The patient is directly responsible for the balance of their claim whether or not their insurance company pays the claim. The patient's insurance benefit is a contract between the patient and the insurance carrier; HFFM is not a party to that contract.

Referrals:
It is the patient's responsibility to get any referral or pre-authorizations prior to the time of their visit or procedure. If the patient is unable to obtain the authorization at the time of their appointment, they will need to be rescheduled.

Co-payments and Deductible:
All co-payments must be paid at the time of service. This arrangement is part of the patient's contract with their insurance company. Failure by HFFM's staff to not collect co-payments and deductibles from patients can be considered fraud.

Proof of Insurance:
All patients must complete our patient information form before seeing the doctor. HFFM must obtain a copy of the current valid insurance card to provide proof of insurance. If the patient fails to provide this information in a timely manner, they may be responsible for the balance of their claim.

Methods of Payments:
HFFM accepts payment by cash, check, VISA, MasterCard, Discover, American Express

- A **$35.00 service charge** will be assessed for returned checks.

Patient Statements:
Unless other arrangements are approved by HFFM in writing, the balance of the patient's statement is due and payable when the statement is issued and is considered past due if not paid by the end of the month.

1) Patients receive three statements, one generated on the day that patient responsibility is established, followed by a second notice 30 day after that date. A third final demand statement is sent 60 days if unpaid.

2) Thirty days after the third statement is issued, which is 90 days after the initial statement is issued, the Practice mails a letter or calls patient requesting that the patient make payments or contact the Practice to discuss alternatives.

3) Thirty days after the letter issued or phone call place, which is 120 days following the initial statement, the patient may receive a Collections Letter from the Practice requesting that the patient contact the Practice or pay their balance, otherwise collections will commence.

Nonpayment:
If the patient's account is past due 90 days or greater and the balance has not been paid in full or a payment arrangement made, the patient could be sent to collections. Until these balances are paid in full, our physicians will only be able to treat these patients on a case-by-case basis. The patient's physician will determine if the patient needs to be seen or not. Any allowed visits will require cash or credit card payment in full at the time of service, unless they have valid insurance. The patient's physician reserves the right to allow visit's when payment cannot be made at the time of service. Patients may be terminated due to non-payment.

If a patient has filed bankruptcy in the past, any future visits would need to be paid by cash or credit card if the patient does not have valid insurance. If there is a valid insurance, any co-payments or deductibles would still need to be paid at the time of service.

Divorce:
In the case of a divorce or separation, the party responsible for the account balance is the parent authorizing treatment for a child. If the divorce decree requires the other parent to pay all or part of the treatment costs, it is the authorizing parent's responsibility to collect from the other parent.

Worker's Compensation:
HFFM requires written approval/authorization by the patient's employer and/or worker's compensation carrier prior to the patient's initial visit. If the claim is denied, it is the patient's responsibility for payment in full.

Personal Injury:
Patient's that are being treated as part of a personal injury lawsuit or claim, HFFM requires verification from the party representing the patient to their initial visit if applicable. Payment of the bill remains the patient's responsibility. HFFM cannot bill the patient's attorney for charges incurred due to a personal injury case.

Medical Records: A patient will need to request in writing copies of their medical records.

Payment Plan Agreement:

If the patient or guarantor is a self-pay patient with no valid insurance coverage; $180 will be collected at the time of the appointment. A 25% discount will be given on services performed if the balance owed is paid within 30 days of their date of service.

All patient balances are expected to be paid in full within 30 days of receipt of patient statement. If full payment cannot be made the following guidelines should be followed when setting up scheduled payment agreements:

Account Balance Owed	Minimum Monthly Payment	Maximum Monthly Payments
Under $250.00	$125.00	2
$250.00 - $500.00	$125.00	4
$501.00 - $1,000.00	$200.00	5
$1,001.00 - $1,500.00	$250.00	6
$1,501.00 – $2,000.00	$250.00	8
$2,001.00 - $2,500.00	$275.00	9
$2,501.00 - $3,000.00	$300.00	10
Greater than $3,000.00	Refer to clinic administrator	12

Once the payment plan agreement has been approved, the patient and authorizing personnel must sign the payment plan agreement form.

I have read this policy and accept the terms as outlined above:

Guarantor's signature: _____ Date: _____