

HEARTLAND FAMILY FIRST MEDICAL CLINIC, LLC 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 (see below) 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; \$150 will be collected at the time of the appointment. A 25% discount will be given on services performed if 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:

HEARTLAND FIRST FAMILY MEDICAL CLINIC

NOTICE OF PRIVACY PRACTICES

How Your Medical Information Is Used

THIS NOTICE DESCRIBES HOW MEDICAL INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION. PLEASE REVIEW IT CAREFULLY.

Understanding Your Health Information

Each time you visit a hospital, clinic, physician, or other health care provider, a record of your visit is made. Typically, this health record contains your medical history, symptoms, examination, test results, diagnosis, treatment, care plan, insurance, billing, and employment information. This health information, often referred to as your health record, serves as a basis for planning your care and treatment and is a vital means of communication among the many health professionals who contribute to your health care. Your health information is also used by insurance companies and other third-party payers to verify the appropriateness of billed services.

Our Responsibilities

We are required by law to:

- Maintain the privacy of your health information during your lifetime and for 50 years following your death.
- Provide you with an additional current copy of our Notice upon request.
- Abide by the terms of our current Notice.
- Notify you following a breach of unsecured protected health information in the event you are affected.

We will not use or disclose your health information without your authorization, except as described in this Notice.

Uses and Disclosures Without Your Written Authorization

We may use and disclose your health information without your written authorization for Treatment, Payment and Health Care Operations.

We will use and disclose your health information for treatment purposes

For example: Information obtained by a nurse, physician or other member of your health care team will be recorded in your record and used to determine the course of treatment. Health care team members will communicate with one another personally and through the health record to coordinate care provided. We will also provide your physician or subsequent health care provider with copies of various reports that should assist him/her in treating you in the future. **Heartland Family First Medical Clinic (HFFM)** may share health information about you to others in order to coordinate the different things you need, such as prescriptions, lab work, x-rays and follow-up care.

We will use and disclose your health information for payment purposes

For example: A bill may be sent to you or a third-party payer. The information on or accompanying the bill may include information that identifies you, as well as your diagnosis, procedures, and supplies used. We also may tell your health plan carrier about a treatment you are going to receive to obtain prior approval or to determine whether your plan will cover the treatment. We may disclose health information about you to other qualified parties for their payment purposes. For example: we may provide your information to a physician who is not on our medical staff so that the physician may bill you or your insurer for the services you received from that physician.

We will use and disclose your health information for health care operations

HFFM may use and disclose health information about you for administrative and operational purposes. These uses and disclosures are necessary for our operations, and to make sure that all of our patients receive quality care. For example: we may use your health information to review our treatment and services and to evaluate our performance in caring for you. We may combine health information about some or all of our patients to decide what additional services we should offer, what services may not be needed, and whether certain new treatments are effective. We may also disclose information to doctors, nurses, technicians, medical students, and our personnel for review and learning purposes. We may also combine the health information we have with health information from other health care providers to compare how we are doing and see where we can make improvements in the care and services we offer. We may remove information that identifies you from this set of health information so others may use it to study health care and health care delivery without learning who the specific patients are. We also may disclose your health information to certain other individuals and organizations, including physicians, hospitals and health plans, to assist with certain other individuals and organizations. Except for those individuals and organizations described in the section of this Notice entitled "Who Will Follow This Notice," these individuals and organizations either have or had in the past a relationship with you.

The information we disclose about you will relate to this relationship. For example, we may disclose your health information to a hospital that is not affiliated with *HFFM* if that hospital has treated you in the past, the information we disclose relates to that relationship, and the hospital intends to use your information for its quality assurance and improvement activities. Similarly, we may share your health information with your health plan for quality assurance and improvement purposes. These are but some of the various permissible uses and disclosures *HFFM* may engage in as part of routine health care operations.

Health Information Exchange

We may make your protected health information available electronically through an information exchange service to other health care providers, health plans and health care clearinghouses that request your information. Participation in information exchange services also lets us see their information about you.

Other Uses and Disclosure of your health information without your written authorization**Notification**

We may use or disclose health information to notify or assist in notifying a family member, personal representative, or another person responsible for your care of your location and general condition.

Communication With Family and Others

We may use or disclose relevant health information to a family member, friend, or other person involved in your care. We will only disclose this information if you agree, are given the opportunity to object and do not, or if in our professional judgment, it would be in your best interest to allow the person to receive the information or act on your behalf.

Business Associates

There are some services provided in our organization through contracts with business associates. When these services are contracted, we may disclose your health information to our business associates so that they can perform such services. However, we require the business associate to appropriately safeguard your information.

Appointment Reminders

We may contact you as a reminder that you have an appointment for treatment or medical care.

Treatment Alternatives

We may contact you about treatment alternatives or other health-related benefits and services that may be of interest to you.

Public Health

We may disclose health information about you for public health activities. These activities may include disclosures:

- To a public health authority authorized by law to collect or receive such information for the purposes of preventing or controlling disease, injury, or disability;
- To appropriate authorities authorized to receive reports of abuse or neglect;
- To FDA-regulated entities for purposes of monitoring or reporting the quality, safety, or effectiveness of FDA-regulated products; or
- To notify a person who may have been exposed to a disease or may be at risk for contracting or spreading a disease or condition.

Workers' Compensation

We may disclose health information to the extent authorized and necessary to comply with laws relating to workers' compensation or other similar programs established by law.

Law Enforcement

We may disclose your health information for law enforcement purposes:

- At the request of a law enforcement official and in response to a subpoena, court order, investigative demand or other lawful purposes;
- If we believe it is evidence of criminal conduct occurring on our premises;
- If you are a victim of crime and we obtain your agreement, or under certain circumstances, if we are unable to obtain your agreement;
- To identify or locate a suspect, fugitive, material witness or missing person;
- To alert authorities that a death may be the result of criminal conduct;
- To report a crime, the location of the crime or victim, or the identity, description or location of the person who committed the crime.

Health Oversight Activities

We may disclose health information for health oversight activities authorized by law. For example, oversight activities include audits, investigations, inspections, and licensure. These activities are necessary for the government to monitor the health care system, government programs and compliance with civil rights laws.

Threats to Health or Safety

Under certain circumstances, we may use or disclose your health information if we believe it is necessary to avert or lessen a serious threat to health and safety and is to a person that is reasonably able to prevent or lessen the threat or is necessary for law enforcement authorities to identify or apprehend an individual involved in a crime.

Specialize Government Functions

We may disclose your information for national security and intelligence activities authorized by law, for protective services of the president; or if you are a military member, to the military under limited circumstances.

As Required by Law

We will use or disclose your health information as required by federal, State or local law.

Lawsuit and Administrative Proceedings

We may release your health information in response to a court or administration order. We may also provide your information in response to a subpoena or other discovery request, but only if efforts have been made to tell you about the request or to obtain an order protecting the information requested.

Incidental Uses and Disclosures

There are certain incidental uses or disclosures of your health information that occur while we are providing services to you or conducting our business. For example, after surgery the nurse or doctor may need to use your name to identify family members that may be waiting for you in a waiting area. Other individuals waiting in the same area may hear your name called. We will make reasonable efforts to limit these incidental uses and disclosures.

Uses and Disclosures That Require Your Written Authorization

The following uses and disclosures will only be made with your written authorization:

- Uses and disclosures not listed above as permitted without your written authorization;
- most uses and disclosures of psychotherapy notes;
- uses and disclosures for our marketing purposes; and
- disclosures that constitute a sale of your health information.

Your authorization may be revoked in writing at any time except with respect to any actions we have taken in reliance on it.

Your Health Information Rights

You have the following rights regarding your health information:

Right to Inspect and Copy

You may request to look at your medical and billing records and obtain a copy. You must submit your medical records request to *Heartland Family First Medical Clinic, Attn: Medical Records*. Contact the office listed on your billing statement to request a copy of your billing record. If you ask for a copy of your records, we may charge you a copy fee plus postage. If we maintain an electronic health record about you; you have the right to request your copy in electronic format.

Right to Request Amendment

You may request that your health information be amended if you feel that the information is not correct. Your request must be in writing and provide rationale for the amendment. Please send your request to *Heartland Family First Medical Clinic, Attn: Administrator*. We may deny your request, and will notify you of our decision in writing.

Right to an Accounting of Disclosures

You may request an accounting of certain disclosures of your health information showing with whom your health information has been shared (does not apply to disclosures to you, with your authorization, for treatment, payment or health care operations, and in certain other cases).

To request an accounting of disclosures, you must send a written request to *Heartland Family First Medical Clinic, Attn: Administrator*. Your request must state a time period that may not be longer than six years.

Right to Request Restrictions

You may request restrictions on how your health information is used for treatment, payment or health care operations or disclosed to certain family members or others who are involved in your care.

Heartland Family First Medical Clinic is not required to agree to your request. If we agree to a voluntary restriction, the restriction may be lifted if use of the information is necessary to provide emergency treatment.

We are required to agree to your request that we not disclose certain health information to your health plan for payment for health care operations purposes, if you pay in full for all expenses related to that service prior to the request and the disclosure is not otherwise required by law. Such a restriction will only apply to records that relate solely to the service for which you have paid in full. If we later receive an authorization from you dated after the date of your requested restriction which authorizes us to disclose all of your records to your health plan, we will assume you have withdrawn your request for restriction.

To request a restriction, you must send a written request *Heartland Family First Medical Clinic, Attn: Administrator*, specifying what information you wish to restrict and to whom the restriction applies. You will receive a written response to your request.

Right to Request Private Communications

You may request that we communicate with you in a certain way in a certain location. You must make your request in writing to the patient registration staff and explain how or where you wish to be contacted.

Right to a Payer Copy of this Notice

You may request an additional paper copy of this Notice at any time from any patient registration area.

Changes to this Notice

We reserve the right to change this Notice as our privacy practices change and to make the new provisions effective for all health information we maintain. We will post a current Notice in patient registration areas and on our website.

For More Information or to Report a Problem

If you have questions or would like additional information, you may contact the Administrator at the contact number below. If you believe your privacy rights have been violated, you may file a complaint with the *Administrator at Heartland First Family Medical Clinic* or with the Secretary of Health and Human Services. There will be no retaliation for filing a complaint.

You may contact Administration at:

Address: 14421 Dupont Court Omaha, NE 68144

Phone: 402-884-6400

Hours: Monday – Friday 8am – 5pm

You may contact Medical Records at:

Address: 14421 Dupont Court Omaha, NE 68144

Phone: 402-884-6400

Fax: 402-504-6614

Hours: Monday – Friday 8am – 5pm