

CRABAPPLE FAMILY MEDICINE

Financial Policy

Thank you for choosing us as your primary care provider. We are committed to providing you with quality health care. Please understand that payment of your bill is part of your care. To help avoid misunderstandings, we have provided you with details of our financial policy below.

We have implemented a policy requiring a credit card held on file for each visit, effective 3/27/2017. As you may be aware, the current healthcare market has resulted in insurance policies increasingly transferring costs to you, the insured. Some insurance plans require deductibles and copayments in amounts not known to you or us at the time of your visit.

Similar to hotels and car rental agencies, you are asked for a credit card number at the time you check in and the information will be held securely until your insurances have paid their portion and notified us of the amount of your share.

At that time, any remaining balance owed by you will be charged to your credit card, amount not to exceed \$150.00. If your actual patient responsibility is less than this we will only charge the lesser amount. If your responsibility is more you will only be charged the \$150.00 you authorized and you will receive a statement for the remainder.

This in no way compromises your ability to dispute a charge or question your insurance company's determination of payment.

You will be notified by email of pending charges 5 days before the charges occur, and again when the credit card is charged. You will also receive an email receipt when the card is charged.

If you have any questions about this payment method, do not hesitate to ask.

INSURANCE

We participate in most insurance plans, including Medicare. We do NOT accept Medicaid or any of its HMO's. If you are not insured by a plan that we accept, payment in full is expected at each visit. Knowing your insurance benefit plan is your responsibility. Please contact your insurance company with any questions you may have regarding your coverage.

Non-covered services. Please be aware that some—or perhaps all—of the services you receive may be non-covered or not considered reasonable or necessary by Medicare or other insurers. You will be responsible for these charges. We will work with you to settle your account, please ask to speak with our billing staff if you need assistance regarding an extended payment schedule.

Proof of insurance. We must obtain a copy of your driver's license and your current insurance card in order to confirm proof of insurance and file your claim. 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.

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. If your insurance company does not pay your claim in a timely manner, the balance will be your responsibility.

A coordination of benefits form (COB) must be filled out annually and sent to your insurance company letting them know whether or not you have additional coverage. Failure to return this information to your insurance company will result in you being responsible for all charges.

MAKING PAYMENTS

We accept payment by cash, check, VISA, MasterCard, Discover or American Express. We do accept payments on-line through the patient portal. If you are not signed up for our patient portal please ask a member of staff to assist you. All previous balances must be paid at time of service, unless prior arrangements have been made with the billing department. If a check is returned for insufficient funds or payment has been stopped, you will be charged a \$25 fee in addition to the amount of the check. If you have a second check returned, you will be asked to pay by cash, money order, cashier's check, or credit card for future visits.

Self-Pay. Full payment for all services is expected at the time of service.

Co-payments. All co-payments must be paid at the time of service. This arrangement is part of your contract with your insurance company. Failure to collect co-payments and deductibles from patients is considered fraud. Please help us in upholding the law by paying your co-payment at each visit.

Co-insurance and deductibles. Your co-insurance and/or deductible balance is due once your claim has been processed by your insurance company. Leaving your card on file with us assures us that you intend to fulfill your patient responsibility commitment.

Minor Patients. Adults accompanying minors, parents or guardians and the guarantor on the insurance card are responsible for the payments of all minor patient balances. We do not recognize domestic judgments including custody agreements.

Nonpayment. If your account becomes delinquent, you agree to pay any charges to collect your unpaid bills, including but not limited to, reasonable court costs, and/or collection agency fees. After you have received three statements, your account is considered past due. You must contact us for a reasonable payment arrangement or risk collection action. Payment plans may not exceed a 6 month time period, unless otherwise negotiated. Please be aware that if a balance remains unpaid, we may refer your account to a collection agency and your immediate family members may be discharged from this practice. If this is to occur, you will be notified by 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.

CLAIMS

Claims submission. We will submit your claims and assist you in any way we reasonably can to help get your claims paid. In order to submit claims we must have the patient's date of birth, copy of your photo identification and insurance card. In addition, we must obtain the policyholders details in order to file claims with your insurance carrier. We will file supplemental insurances when appropriate. 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. Your insurance benefit is a contract between you and your insurance company; we are not party to that contract.

Missed appointments. Our policy is to charge for missed appointments not cancelled within 24 hours prior to your appointment. There will be a \$50 charge for sick and follow up appointments and a \$100 charge for physicals. These charges will be your responsibility and billed directly to you. Please help us to serve you better by keeping your regularly scheduled appointment.

We do not deal with Worker's Compensation or Motor Vehicle Accident claims. It is your responsibility to file a claim with your employer or automobile insurance. You would be considered a self pay patient at our practice and payment is collected at the time of service.

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

Patient Name _____ Date of Birth _____

Signature _____

Staff Member name _____

Date _____