

## *Financial Policies*

Thank you for taking the time to understand our billing practices. We trust that you value the medical service that we provide and understand that we need to be compensated for our service as any other service you obtain for yourself or your family.

### *Payment Policy*

All co-payments are due and payable *prior* to services being rendered. Balances on patient's accounts that are 30 days past due are to be paid *prior* to further service as well. There are times that co-insurance and deductible may be determined prior to a visit. If so then these are collected at the time of service. We will do our best to appraise the amount due (co-payment and balance) when we confirm your appointment. If you do not know your co-pay we will collect a \$30 fee. Your account will be billed or credited accordingly after your insurance pays their portion. If you are not prepared to pay your co-payment at the time of service, we will reschedule your appointment for a more convenient time. Overpayments will be refunded after all charges have been processed and paid by your insurance company. If we collected more than the proper amount, you may direct us to refund you or keep a credit on your account.

### *Returned Check Policy*

There is a \$25 charge for all returned checks. The Center for Primary Healthcare will accept only cash, credit or debit card payment after receiving a returned check.

### *Form Completion Policy*

There is a \$10 fee for all completed forms. Multiple forms may be assessed a different fee. The fee is due upon pick-up.

### *Cancellation Policy*

If you need to reschedule or cancel your appointment, please do so 24 hours before the scheduled date. If we are not notified within 24 hours, you will be assessed a \$30 fee.

### *Electronic Medical Record*

We have recently implemented an electronic medical record in order to be able to accurately record your health information and optimize the preventative care we provide. This system is also now used for billing purposes. In the past, our billing service typically billed for a single service code. However, we have found that the new system generates charges for things that were previously left uncharged, because the computer is recording everything that the health care provider is analyzing during your visit, as well as any additional procedures provided—directly from your medical record. You may also see a G code on your statement because we are required by the government to use an electronic medical record. We have found that this does not typically affect patients' bills significantly.

### *Billing Service*

Our practice makes use of a billing service to file your insurance claims. If you have any questions about your bill, please call their customer service number: 877-807-2964. After you receive your statement, we expect you to contact the billing service regarding any issue with bill prior to your next appointment.

### *Concerns about balances*

Please ask to speak with one of our front desk staff in the event that you are unable to meet these financial obligations. For patients who find it difficult to pay the entirety of their balance on a single occasion, we do offer payment plans that will deduct amounts from an account in your possession on a regular basis in order to pay down a large balance. These payment plans can be set up using credit cards, debit cards, or a direct ACH payment from your bank. We may ask you to commit to a payment plan in the event that you are unable to pay your balance in full at the time of your appointment.

### *Self-paying patients*

Self-paying patients are required to pay for their office visits at the time of service. Our practice extends a prompt pay discount to all who honor this policy. Please to speak with our front desk staff, should your provider indicate that your condition requires extensive diagnostic testing, so that you can manage the payment of those services knowledgeably.

### *Insurance*

While the filling of insurance claims is a courtesy that we extend to our patients, you are responsible to:

1. Bring your insurance card to each visit.
2. Notify our office of any changes to your insurance
3. Know your copay and be prepared to pay it at each visit
4. Know your insurance company benefits and coverage:  
\$\_\_\_\_\_deductible, \_\_\_\_\_% coinsurance
5. Determine if the doctor is in your network prior to first visit. Non-network charges are your responsibility.
6. Pay for any amounts not covered by your insurance; including preventative care and well child visits that are not covered by insurance.

I, the undersigned, have read and agreed to the above financial policy of the the Center for Primary Health Care.

X\_\_\_\_\_ Date:\_\_\_\_\_