

## Patient Financial Policy

We are pleased that you have chosen our practice for your medical care. We are committed to providing you with the highest quality care and achieving your desired personal healthcare outcomes through a collaborative effort with you, the patient.

In keeping with our philosophy of open communication and education, it is important that you understand the financial policies of the practice. It is equally important that you understand the terms of your medical coverage. Although our office staff is very knowledgeable about many different insurance plans, you are in the best position to understand the details and terms of your own plan. Typically you will find the insurance company's phone number on your insurance card and we encourage you to contact them with specific questions.

Be prepared to present your insurance card at every office and lab visit encounter.

All co-payments must be paid at the time of service. This arrangement is part of your contract with your insurance company. Failure on our part to collect co-payments from patients can be considered fraud. If your co-payment is not paid at the time of service, your visit may be rescheduled.

We participate in most insurance plans, including Blue Cross/Blue Shield, United Health Care, Aetna, Cigna, Medicare, and Tricare. If you are not insured by a plan we contract with, payment in full is expected at each visit. If you are insured by a plan we do contract with but don't have an up-to-date insurance card, payment in full for each visit is required until we can verify your coverage. Knowing your insurance benefits is your responsibility. Please contact your insurance company with any questions you may have regarding your coverage.

You will be responsible for any coinsurance, deductible amounts, or non-covered services after we have received an explanation of benefits from your insurance carrier.

### ***Motor Vehicle Accidents (MVA) and Third Party Insurance Policies***

We may bill **YOUR** motor vehicle insurance but will not bill someone else's insurance. You will be responsible for contacting **YOUR** auto insurance carrier to initiate a claim, and we expect you to come prepared to provide pertinent claim information prior to initial treatment. If you do not have a *med-pay* benefit or are unable to provide required information, you will be responsible for payment in full at the time of service.

### ***Personal Injury***

We are not a party to any litigation suits being filed for personal injuries and therefore we not hold your claim or bill your attorney or a 3<sup>rd</sup> party for medical care and treatment. You are responsible for payment in full at the time of service.

### ***Work Related Injuries***

We do accept Workmen's Compensation claims. At your initial appointment you will be required to provide the date of injury, nature of injury, claim number, the adjuster name and insurance contact information. If your injury has not been reported to your company and appropriate claim information obtained prior to your appointment, you may be asked to reschedule or you may be responsible for payment in full at the time of service.

### ***Self-Pay***

Payment will be expected at the time services are rendered if you do not have medical insurance. A discount of 20% will be given to those patients who pay their total balance the same day of service. Discounts will not be given on any balances carried from another date of service. The office manager and billing coordinator may extend a discounted offer up to 30 days; however, their decision will be determined on a case by case basis.

### ***No-Show, Failure to Cancel an Appointment***

Patient's who fail to show for their scheduled appointments, prevent sick individuals from obtaining timely appointments with our healthcare providers. Therefore, please be sure to cancel your appointment with a minimum of 24 hours advance notice. Future scheduling options may be restricted after a patient fails to keep their appointment and patients who habitually NO-SHOW may be dismissed from the clinic.

**If you fail to show for a new patient appointment, the practice reserves the right to refuse to reschedule the visit.**

### **Payment Arrangements**

We appreciate prompt settlement of your medical bills. If you are unable to pay your balance in full upon receipt of your statement, please contact our office to discuss payment options. Unless you make payment arrangements, you will be expected to pay your balance upon receipt of your statement. We accept cash, checks, and all major credit cards. There is a \$25.00 returned check fee.

### **Unpaid Accounts**

Unpaid balances will be forwarded to our collection agency. Once an account has been referred to a collection agency, you must work directly with them to satisfy your debt. Patients/families may be dismissed from our practice for non-payment.

We encourage all our patients to review their insurance policy and contact the insurance company directly to clarify any specific questions you have about your benefits. Our office will update demographic and insurance information routinely. Bring your insurance card to every visit.

We will be happy to assist you in answering any questions you may have about this policy. Once again, thank you for choosing our medical clinic.

Your Family Physician at FP Associates, P.C.

*Providing quality and compassionate care for your entire family.*