

WALNUT CREEK FAMILY PRACTICE, P.C.

PAYMENT POLICY

Thank you for choosing us as your primary care provider. We are committed to providing you with quality and affordable health care. Because some of our patients have had questions regarding patient and insurance responsibility for services rendered, we have decided to develop this payment policy. Please read it, ask us any questions you may have, and sign in the space provided. A copy will be provided to you.

1. Insurance. We participate in most insurance plans, including Medicare. If you are not insured by a plan we do business with, payment in full is expected at each visit. If you are insured by a plan we do business with, but don't have an up-to-date insurance card, payment in full for each visit is required. Knowing your insurance benefits is **your responsibility**. Please contact your insurance company with any questions you may have regarding your coverage.

2. Co-payments and deductibles. 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 and deductibles from patients can be considered fraud. Please help us in upholding the law by paying your co-payment at each visit.

3. Non-covered services. Please be aware that some-and perhaps all-of the services you receive may not be covered or not considered reasonable or necessary by Medicare. You must pay for these services in full at the time of visit or if we file with Medicare and are denied then you will be responsible for payment as soon as we are notified by your Medicare.

4. Proof of insurance. All patients must complete our patient information form before seeing the doctor. We must obtain a copy of your driver's license and current valid insurance card to provide proof of insurance. If you fail to provide us with the correct insurance information, you will be responsible for the balance of a claim.

5. Claims submission. We will submit your claims and assist you in any way we reasonably can to help get your claims paid. 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 the contract.

6. 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 **30 days**, the balance will automatically be billed to you.

7. Non-payment. We are honored to be involved in your care and we feel blessed to be able to serve you and we appreciate your support. With all the changes taking place in healthcare, it's no wonder there is so much confusion about billing. We hope to clarify this for you to avoid any misunderstanding. If you have any questions please notify us now so that we may help you.

Please be aware that payment for our services is actually due at the time services are rendered. Patients who do not have insurance are expected to pay in full before they leave the office on the day services are provided. For those of you who have insurance, as a courtesy to you, we will file your insurance and wait for your insurance company to notify us what your remaining balance is as long as the insurance company does so within 30 days. Since we file claims electronically, we are usually notified within 2 weeks of your visit what your balance is. An EOB (explanation of benefits) will be sent to you and to us by your insurance company explaining what your balance is. As soon as we receive the EOB from your insurance company your balance is due in full. When we receive your EOB we will send you a statement indicating we have been notified by your insurance company that you have a balance that you are responsible for.

Payment should be made as soon as you receive your EOB. If you have trouble reading your EOB to determine what your balance is, please call our billing department at (770) 898-7840 Ext. 6 to ask for assistance.

Rarely, a patient will tell us that he/she did not receive an EOB. While we understand this may occur for reasons beyond anyone's control such as the post office failed to deliver the mail, your address changed, etc. . . ., you are still responsible for paying your balance in full before the end of the 30 day period after services are provided. In the rare event you do not receive an EOB or statement after receiving services at our office, it is your responsibility to call our billing department to find out if we have received your EOB and to pay your remaining balance before 30 days has expired. If your insurance company does not send us and EOB within 30 days from the date of service, you are still responsible for payment of services in full.

Rarely, an insurance company will not send us an EOB within 30 days of the date our services were provided. This may occur, for example, if insurance premiums are not being paid. One insurance company in particular may not notify us for up to 90 days that a patient has not been paying his/her premiums. This insurance company leads us to believe that the patient has active insurance only to send us a letter up to 90 days later stating that they will not be sending us payment and we have to collect from the patient. If a patient has not been paying his/her premiums it is also possible they will not pay us as well. Therefore, we have had to institute a policy that all balances are due within 30 days even if you or we haven't received an EOB. Please be assured that if we collect from you, and your insurance company later pays us, we will reimburse you in full for any overpayments. On rare occasions after an insurance company has paid a claim, they have reason to reverse payment. One example is when insurance lapses and is retroactively voided. The patient is immediately liable for the reversed payment amount in this case.

In summary, all balances are due no later than 30 days from the date you receive the service if you have insurance. As a small medical practice, we are financially unable to extend credit beyond 30 days. A \$13 late fee, permitted by law, will be applied to all balances that are not paid in full after 30 days. If payment is not received in 60 days, your account will be turned over to a collection agency by the name of 'CREDITORS BUREAU ASSOCIATES'. There they will use legal means allowed by the law to collect the balance you owe. We do not accept partial payments. We encourage you to call our billing department before your visit if you need to know what your balance is. Otherwise, the receptionist will advise you at check in what your balance is and she will collect this from you before your appointment. **Please come prepared to pay your balance each time you come to the office.**

8. Billing questions. Please do not discuss billing issues with your doctor during your appointment. The doctor is not prepared to discuss your bill with you and he/she will ask that you contact the billing department should the topic come up in conversation.

9. Missed appointments. Our practice charges a fee for missed physical exams if you do not provide us with a 24 hour notice that you will not be able to keep your physical exam appointment. Since we only do a few of these every day and because patients book them up months in advance, they are a very important time of our day. We schedule extra time to be with our patients and missing a physical causes our practice to lose revenue that keeps us in business.

10. Additional services. We charge a \$35 fee for the doctor's time to complete life insurance, FMLA forms or any other forms or letters not related to referrals to a specialist or for pre-op clearance.

Our practice is committed to providing the best treatment to our patients. Our prices are set by Medicare and the insurance companies and are representative of the usual and customary charges for our area. Thank you for understanding our payment policy. Please let us know if you have any questions or concerns.

I have read and understand the payment policy and agree to abide by its guidelines:

Signature of Patient or Responsible Party

Date