

We thank you in advance for taking the time to review these policies and your understanding of our need to have in place such an in depth policy. It takes a team that includes patient participation, to succeed with insurance processing and reimbursement.

Billing and Insurance

- We will file your insurance for you and bill you for any remaining balance.
- We must obtain a copy of your current valid insurance to provide proof of insurance.
 - We may also ask you to provide us with a copy of your driver’s license or other photo ID. If patient is a minor, the parent or guardian will be required to supply requested information
- Knowing your insurance benefits is your responsibility. Please contact your insurance company with any questions you may have regarding your coverage.
- 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.
- We are obligated by your insurance plan to collect the co-pay at the time of your visit, even if you are sick. 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.
- Prior to providing additional services to you, payment of previous balances is required.**

Your Plan	What You Do	What We Do
Medicare	You are responsible for the deductible of \$155 for 2010, and co-insurance of 20% of the allowable.	We will file Medicare for you and bill you for any remaining balance.
Medicare <u>and</u> a secondary insurance/Medicaid	No payment due at time of service.	We will file your insurance for you and bill you for any remaining balance.
Medicaid	You are responsible for \$3.00 co-pay at every visit.	We will file Medicaid for you.
In-Network Insurance	You are responsible for your co-pay, or deductible, or co-insurance at time of service.	We will file your insurance for you and bill you for any remaining balance.
Out-of-Network Insurance	You are responsible for \$50 towards the visit at time of service.	We will file your insurance for you and bill you for any remaining balance.
Insurance with high deductible	You are responsible for \$50 towards the visit at time of service.	We will file your insurance for you and bill you for any remaining balance.
Worker’s Compensation-	You must have opened a claim with your employer to be seen. If you use Corvel or Key Risk, then no payment due at time of service.	We will file Corvel or Key Risk for you.
Self-pay	You are responsible for the visit charge in full at time of service with Discounted Self Pay Fee Schedule.	
Right to not file Insurance	You are responsible for the visit charge in full at time of service with Discounted Self Pay Fee Schedule.	This will NOT be filed to your insurance, nor may you file a claim to insurance. We will restrict disclosure of protected health information to the health plan for purposes other than carrying out treatment (namely, payment or health care operations.)

Third Party Payers

- ❑ We do not file claims with third party payers for motor vehicle or other accidents. Full payment is due at time of service and the patient is responsible for filing for reimbursement.
- ❑ We have a contract with some workman's compensation companies, but do not participate with any others. Full payment is due at time of service and the patient is responsible for filing for reimbursement.

Balances

- ❑ You will not receive bills for balances less than \$10. However, we will notify you on your next visit of the balance.
- ❑ Once we receive an EOB (explanation of medical benefits) from your insurance, we will mail to you a statement with your balance. Payment is expected promptly.
- ❑ Prior to providing additional services to you, payment in full of previous balances will be required.
- ❑ **If your account is over 90 days past due, your account may be referred to a collection agency and there will be a \$40 late fee applied.**
- ❑ In the case of an unpaid balance you may be dismissed from our practice. If this happens, you will be notified in writing that you have 30 days to find alternative medical care. During that 30-day period, our provider will only be able to treat you on an emergency basis.

Bounced Checks

- ❑ A \$30.00 fee will be charged for all checks that are returned to us by your financial institution and will be payable immediately in addition to your balance.

Refunds

- ❑ Refunds are issued periodically to the appropriate party in the event of overpayment.
- ❑ Patient refunds will not be processed until all active or past due charges are paid in full.
- ❑ Refunds less than \$50 will not be issued unless requested, but will be applied to the next date of service at the office.

Charges for copies of medical records

- ❑ You will be charged for copies of medical records as per NC State Statute 90-411. These charges cover the administrative costs of copying and mailing such records.

No Show Policy

- ❑ For regular appointments:
 - ❑ 1st missed appointment: you'll be reminded that your slot could have been used for a sick person. To help you remember, we personally call every person the day before a scheduled appointment to pleasantly remind you.
 - ❑ 2nd missed appointment: you'll be billed a \$25 fee.
 - ❑ 3rd missed appointment: you will be dismissed from the practice, as well being billed the \$25 missed appointment fee.

▪ If you are dismissed from the practice, you will be notified in writing that you have 30 days to find alternative medical care. During that 30-day period, our provider will only be able to treat you on an emergency basis

- ❑ If you fail to show up for a confirmed physical without due notice of at least 12 hours or without special circumstances, you will be billed a \$25 fee.

Late Policy

If you cancel without reasonable notice, such as right at the time of the appointment time, you will be subject to the above No Show Policy.

We greatly appreciate your understanding of and cooperation with our office policies.



Patient Rights and Signature Page

- This discounted rate is only available on the date of service and payment is expected before service except in the event of negotiation with the practice manager or owner.
For established patients, the office visit costs \$60. New patient office visits are \$65. (This includes anyone seen more than 3 years ago).
Full physicals are \$85 for children and adults.
An office visit includes strep throat testing, in-office urine testing for infection or pregnancy, stool testing for blood, and finger stick glucose testing.
The office visit includes the drawing and handling of any blood work taken when associated with a visit, or just before or after a visit.
If labs are needed without a visit here (such as in-between visits or to monitor abnormal labs again later), there will be a handling and venipuncture charge of \$15.
Blood tests sent to the outside labs will incur additional charges due at the end of the visit. The provider will inform the patient of the cost before the testing is done.
If you have an insurance policy that you waive the right file, you may utilize the Self Pay Fee Schedule. You may not later submit a claim or apply a receipt for that date of service. We will restrict disclosure of protected health information to the health plan on record at the time of service.

Initial one choice:

1. I hereby verify that I DO NOT HAVE any health insurance coverage

OR

2. I hereby waive the use of insurance.

On all visits OR Just today's date of service.

I will not be submitting any kind of insurance claim or receipt following a discounted fee for service for medical care rendered to me by Yanceyville Primary Care. I understand that all other parts of the Financial Policy still apply to me.

Patient Name: Patient Signature:

Date: