Family Health Center of Melissa *Financial and Office Policies*

By executing this agreement, you are agreeing to pay for all services received

Filing Claims: Please be sure you inform us of any updates or changes to your insurance, so we have your current information. If we do not have current information this will delay payment and possibly cause you to have unexpected expenses. You will be asked to completely fill out a new information profile every year. These profiles expire one year after being signed.

Insured Patients: If we are contracted with your insurance company, we must follow our contract and its requirements. Your insurance is a contract between you and your insurance company. We are NOT a party to this contract. We will bill your insurance company as a courtesy to you. Although we may estimate what your insurance company may pay, it is the insurance company who makes the final determination of your eligibility. You agree to pay any portion of the charges not covered by insurance. If you have a co-payment, co-insurance and/or deductible, you must pay at the time of service unless prior payment arrangements have been made. You agree to forward to Family Health Center of Lake Forest all insurance or third party payments you receive for services rendered to you immediately upon receipt.

Self-Pay Patients: All self-pay patients are required to pay at the time the services are rendered unless prior payment arrangements have been made.

Well Visit vs. Problem-Focused Visit: A visit is considered a "well visit" when a healthy patient is seen to screen for various illnesses or diseases, and is thus considered preventive medicine. If a patient comes in to discuss any suspected illness or disease, this is considered a "problem-focused" visit. We provide services for preventive medicine as well as problem-focused medicine. Some insurance plans cover all office visits no matter what the purpose, other plans will only cover a visit if you have a problem, and some will only cover preventive medicine. Billing is done based on the visit and cannot be changed for the sole purpose of insurance payment.

Insurance Verification: Our verification staff is dedicated to ensuring your visit is covered by your insurance or advising you otherwise prior to your appointment. In some instances, we might not be able to obtain this information. It is always a good idea for you to check with your insurance carrier to verify your specific benefits so there are no unexpected financial surprises at the time of your visit. Payment for services is ultimately **your** responsibility.

Statements: Unless other arrangements are approved by us in writing, the balance on your statement is due and payable when the statement is issued. It will separately show the previous balance, any new charges to the account, and any payments or credits applied to your account during the month.

Returned Checks: There is a fee (currently $25.00) for any checks returned by the bank.

Past Due Account: Your account becomes past due 30 days following receipt of your first statement, we will take necessary steps to collect this debt. We have the option to report your account status to any credit reporting agency such as a credit bureau.

Waiver of Confidentiality: Please understand if this account is submitted to an attorney or collection agency, if we have to litigate in court, or if you're past due status is reported to a credit reporting agency, the fact you received treatment at our office may become a matter of public record.

Divorce: In case of divorce or separation, the party responsible for the account prior to the divorce or separation remains responsible for the account. After a divorce or separation, the parent authorizing treatment for a child will be the parent responsible for those subsequent charges. If the divorce decree requires the other parent to pay all or part of the treatment costs, it is the authorizing parent's responsibility to collect from the other parent.

Appointments: It is our goal to provide services to you in the most comfortable and timely manner as possible. In order to achieve this we must require you to be on time for your appointments. If you must cancel an appointment, we ask you give us 24 hours notice whenever possible. Patients who are 15 or more minutes late may not be seen at the scheduled appointment time however may be worked back into the schedule as available. Missed appointments without notification may be charged a $25 fee which will need to be paid prior to next appointment. If you miss three appointments without notifying us before the appointment time you may be dismissed from the practice. In order to ensure accurate records and true identity of all patients you will need to present your Drivers License or Identification Card, Insurance Card and Social Security Number at the time of your appointment. If you are unable to provide this information your appointment may be cancelled or rescheduled.

Children: Children are very special to all of us, but for their safety and the courtesy of other patients we must ask you keep your children with you at **ALL** times while in our office.

Prescription Refills: If you need a prescription refilled, you will need to contact your pharmacy and request a refill authorization be faxed to the office to be processed by the clinical staff and approved by the physician. We will write your prescriptions for all mail order prescriptions so you can fax or mail them as needed.

Laboratory Test: Unless you instruct us otherwise, your labs will be sent to **Quest**. If your insurance requires you use **Labcorp**, **Lab One** or another lab not listed, please be sure to inform the nurse at the beginning of your appointment. Remember since we do send all lab specimens to an outside lab we do not charge for the actual test; the lab will bill you separately if your insurance does not cover them.

Result Notification: We will make every effort to notify you of results whether they are normal or abnormal. A phone call will be made to all patients regarding abnormal results. You may receive either a phone call or a *healthy note* informing you of normal results. Please allow one week for result notification. **If you have not received notification of your results after one week, please call the office.**

Telephone Calls: During office hours while the physician is attending other patients it is necessary for the staff to take detailed messages and pass along to the physician. If you are experiencing an emergency you will be advised to call 911 for assistance. If your call is of urgent nature a nurse will triage your call and consult the physician. Calls deemed non emergent will be handled by the office staff in the order they were received. If a call requires the physician to call you back it may be during hours after patient appointments.

Referrals: Occasionally our physicians will need to refer you to another specialist. Our physicians offer recommendations based on their experience with the specialist. The specialist they recommend may or may not be an in-network provider with your insurance carrier. You will need to contact your insurance carrier to determine if that physician is in-network. If they are not you can: 1) choose to see a physician in-network according to your carrier or 2) see the physician we recommend out-of-network. The latter may require you to pay more than customary in-network provider charges.

Transferring of Records: All requests for medical records must be in writing and must adhere to all HIPAA requirements. All patients will receive one free copy of your medical records. If you require additional copies we will assess a fee according to the state statutes of $25.00 for the first 20 pages and $0.50 for every subsequent page.

Medicare Lifetime Authorization: I certify the information given to me in applying for payment under Title XVII of the Social Security Act is correct. I authorize any holder of medical information to release to the Social Security Administration or its intermediaries or carriers any information about me needed for this or a related Medicare claim. I authorize the physician or organization to submit a claim to Medicare or applicable insurance carrier for payment. I request the payments of authorized benefits be paid on my behalf. I assign the benefits payable for services to the physician or organization furnishing the services.

I certify I have read and fully understand the above statements and consent fully and voluntarily to its contents.

Patient's Name (Print) ____

Signature: ______________________________________ Date: ____________________

Guarantor's Name (Print) (Minor patients only):______________________________________

Signature: ______________________________________ Date: ____________________