

# The Redmond Family Medicine Center Billing Policy

## PLEASE READ CAREFULLY

Thank you for allowing The Redmond Family Medicine Center to assist you with your healthcare. In the interest of good healthcare practices, we have established a billing and financial policy so you know what to expect and to avoid any misunderstandings. Our primary goal is to help you maintain or achieve good health and we wish to spend our time (and yours) as efficiently as possible to accomplish it. We understand that billing and payment for health care services can be confusing and complicated. We are here to assist you with information on how we process your charges and insurance, and our goal is to make this process as stress-free as possible for you. We hope the information below is beneficial and answers most of your insurance billing questions and concerns ☺

### Summary of Billing Policy: Please see reverse side for full descriptions of annotated policies<sup>t</sup>

- **Authorization of Services:** Most health plans require authorization, particularly for elective services and may require you to notify your primary care physician. Be sure to check with your insurance company to find out if authorization is needed. **It is your responsibility, with assistance of your physician's office staff, to obtain any preauthorization from your health insurance company.**
- **Bring Your Current Health Insurance Information:** It is your responsibility to ensure that we have the correct information to bill your health insurance company.<sup>1</sup>
- **Inform Us of Changes:** Please inform us if your personal or insurance information has changed since your last visit. The lack of current information can cause payment delays or denials that may ultimately leave you responsible for payment.
- **When Medicare May Not Cover a Service:** Some procedures may not be covered by Medicare. We will ask you to sign a form called an Advanced Beneficiary Notice (ABN) making you financially responsible if the service provided is not covered.<sup>2</sup>
- **Workers Compensation:** We require sufficient information to bill for this type of service. This includes (but is not limited to) insurance name and address, claim agent information, accident dates and claim numbers.<sup>3</sup>
- **Auto Accidents:** We do not bill auto or liability insurances for this type of service. You will be responsible for payment in full at the time of service and we will provide you with the necessary information to seek reimbursement from your insurance.<sup>4</sup>
- **After Your Visit:** Please respond promptly to requests from your insurance company for additional information to facilitate payment on your account.<sup>5</sup>
- **Methods of Payment:** We accept cash, checks and Visa or MasterCard (including Benny and HSA cards)
- **We Bill Your Health Insurance Directly:** We will bill your primary insurance company, and if appropriate your secondary insurance company as a courtesy. However, if there is no payment from your insurance company within 90 days, you are responsible for the balance in full. It is important that you remember that health insurance coverage varies and some services may not be covered. If you have questions regarding your health insurance coverage, **please call your insurance company to better understand how your policy works prior to receiving care.**
- **Making Co-Payments:** Co-payments, co-insurance, and applicable deductibles are due at the time you receive services. Any estimated responsibility or payments for non-covered services are due at the time of service.<sup>6</sup>
- **Statements for Unpaid Balances:** The amount on your statement is due within 30 days. A \$3.00 rebilling fee will be applied on balances left unpaid over 60 days.<sup>7</sup>
- **Cash Discount:** For patients without any insurance coverage, we offer a 25% discount on office visits when full payment is made at the time of service. This discount does not apply to procedures, supplies, or anything other than office visits.
- **Payment Plans:** Monthly payment plans may be available in certain situations. There is a 3% discount for participating in automatic credit card payments.
- **Returned Checks:** In the event a check written by you is returned by your bank for insufficient funds, a \$35.00 fee will be assessed, and you will be billed for the amount returned plus the \$35.00 returned check fee. If there are two checks returned on your account, checks will no longer be accepted.
- **Collections:** In the event a balance remains unpaid for more than 90 days, the account may be sent to an outside agency and a \$10.00 collections fee will be assessed.

I, the undersigned,  **Have insurance coverage**  **Do not have insurance coverage** and authorize direct payment to Dr. Townsend-Fixott. I acknowledge that I am financially responsible for all charges incurred, whether or not paid by my insurance. If it becomes necessary for third party collection, I agree to pay for all costs and expenses including reasonable attorney fees. In addition, I authorize Dr. Townsend-Fixott to release information to facilitate treatment, payment, or other healthcare operations. I understand that if I do not give 24 hours notice to cancel an appointment, I may be charged a \$25 fee for failure to give required notice, or for missing my appointment. I understand that if I reach Dr. Fixott outside of business hours seeking medical advice, I may be charged for a phone consultation. I understand the above financial policies and agree to abide by them.

Printed Patient Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Signature: \_\_\_\_\_ Today's Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Financially Responsible Party Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_  
( If not Patient )

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## <sup>†</sup> Full Descriptions

- **1 Bring Your Health Insurance Information:** Please bring your current health insurance card to each appointment. This should include current ID#, group #, and policy holder name and birth date. If you have a secondary insurance, you must inform us that you do, and provide policy information in order for us to bill that insurance. Please be aware that most insurance companies have a time limit on when we may bill them and receive payment for services. We cannot accept responsibility for collecting from your insurance company if correct information is not provided in a timely manner. Any balance on your account resulting from such situations may become your responsibility.
- **2 When Medicare May Not Cover a Service:** Medicare requires that we provide only those services approved by Medicare and deemed medically necessary. In the event the service may not be covered by Medicare, we will ask you to sign a notice called an ABN (Advance Beneficiary Notice) that makes you financially responsible for the services provided if Medicare does not pay. Additionally, we will bill you and/or your supplemental insurance carrier for services not covered by Medicare. However, if neither one of your insurances covers these services you will be responsible for payment for these services.
- **3 Workers Compensation:** Like any other insurance claim we submit, your work compensation does require certain information on the billing form in order for them to pay the claim. This includes (but is not limited to) insurance name and address, claim agent information, accident dates and claim numbers. If you fail to provide the necessary information you will be responsible for payment in full.
- **4 Auto Accidents:** We do not bill for auto or liability claims. You will be responsible for payment in full at the time of service. However, a receipt or billing form will be provided to you. This form will provide you with the information you will need to submit to your insurance company for reimbursement.
- **5 After your visit:** Please respond promptly to requests from your insurance company for additional information. These requests must be handled before payment can occur. Failure to respond may cause your claim to be denied by your insurance company. If your claim is denied, you may be responsible for payment in full.
- **6 Making Co-Payments:** Co-payments, co-insurance, and applicable deductibles are due at the time you receive services. For certain procedures not covered by insurance, you will be required to pay for the service in full prior to your care. This is our non-negotiable policy and is required by most insurance companies. If you have any questions regarding your co-payments or deductibles, please contact your insurance company. As a courtesy, we will try to notify you in advance if the amount you will be asked to pay when you check in is more than \$50.00.
- **7 Statements for Unpaid Balances:** The amount on your statement is due within 30 days. There will be a re-billing fee of \$3.00 on balances left unpaid over 60 days after the service was provided. If you received a bill and you have questions, or if you believe your insurance provider was not billed, please contact us. We will be happy to get the information and bill your insurance provider. If your insurance carrier was billed, you may still have a balance. We encourage you to contact your insurance company and ask what they did not pay and why. The balance could be your co-pay, co-insurance, deductible, non-covered charges, or that your visit required an authorization that was not obtained. Please be aware that unpaid balances may interfere with our ability to provide services to you in the future.