

Patient: _____ Date: _____

FINANCIAL POLICY

Welcome to Family Medical Center at Cinco Ranch (FMCCR)! We are pleased that you have chosen us as your health care provider. Our mission is to provide you with the highest level of professional medical care with the highest degree of patient satisfaction. To avoid any misunderstandings and ensure timely payment for services, it is important that you understand your financial responsibilities with respect to your health care. We require all patients to sign our Authorization and Consent To Treatment Form before receiving medical services. This form confirms that you understand that the services provided are necessary and appropriate, and advises you of your financial responsibility with respect to services received.

PATIENT RESPONSIBILITY Patients or their legal representative are ultimately responsible for all charges for services provided. We expect your payment at the time of your visit for all charges owed for that visit as well as any prior balance. Some insurance plans tell us exactly what you will owe at the time of your visit; in that case, we may request full payment for your share when you check in or out. Other insurance plans do not provide immediate information regarding patient responsibility; in that case, you will be asked to save a credit card on file to settle your account or pay a deposit when you check in or out. If you save a credit card on file, we will charge your card for the balance due when your insurance company notifies us of your patient responsibility. When you make a deposit, you will pay an estimate of the expected patient responsibility; when your insurance company notifies us of your patient responsibility, we will either send you a statement for the balance due or issue a refund. If you have an Annual Wellness Visit or Physical Exam but need or request additional services, we may bill you for those additional services. All services for patients who are minors will be billed to the custodial parent or legal guardian. If you are uninsured and demonstrate financial need and complete the required paperwork, financial assistance may be available. If you have a large balance, payment plans are available.

TYPES OF PAYMENTS

Co-payments. Insurance carriers require that we collect your co-payment at the time of your visit. If you are not prepared to make your co-payment, you may reschedule your appointment.

Deductibles/co-insurance. Most insurance plans require you to pay a predetermined amount (your “deductible”) before insurance will pay. Our technology allows us to view your remaining deductible/co-insurance and help you understand what you will owe for your visit so we can collect the amount due at the time of your visit. For new patients who have not yet met their deductible, we may collect up to \$125.00; for established patients, we may collect up to \$75.00. This payment will be applied to your visit. When your insurance completes processing of your health insurance claim, you may be responsible for an additional amount depending on our contract with your insurer.

Uninsured Patients / Self-Pay. If you do not have insurance or if the services provided are not covered by your insurance, payment for all services is due at the time of your visit.

Out-of-Network. We participate with most major insurance plans. It is your responsibility confirm that your provider is in your network. If we do not participate with your insurance plan, you will be required to pay for your visit at the time of service. We may send a bill to your insurance company as a courtesy. If your total charge amount is not available at the time of check out, you may be required to pay a deposit as described above.

Non-Covered Services. It is your responsibility to contact your insurance plan to determine whether a particular service is covered. If we provide you non-covered services, you are expected to pay for the services at the time of your visit. Our billing staff will assist you in attempting to resolve any appeals.

Initial

INSURANCE We ask all patients to provide their insurance card (if applicable) and proof of identification (such as a photo ID or driver's license) at every visit. If you do not provide current proof of insurance, you may be billed as an uninsured patient ("self-pay"). If you provide your insurance card(s) at a later time, we may be able to retroactively bill the services to your insurer depending on the insurance plan's requirements. We do not accept assignment of benefits for many third party carriers. You are expected to pay the entire amount determined by your insurance to be the patient responsibility. Keep in mind that our fees are for physician services only; you may receive additional bills from laboratory, radiology, or other diagnostic related providers. You are responsible to:

- Check with your insurance plan to determine if prescribed testing (lab, radiology, etc.) is covered under your insurance policy. (If you choose to have non-covered testing, we will require full payment at the time of your visit.)
- Check with your insurance plan to review the schedule of benefits and whether a co-payment or deductible applies.
- Fully cooperate and provide necessary assistance for us to file any appeals with your insurance plan.
- Coordinate benefits if you have more than one insurance plan. You may be required to contact your insurance company to clarify which plan is primary or to correct any demographic or other issues.
- Arrive for appointments with all required documentation.

FINANCIAL POLICY & NOTICE OF PRIVACY PRACTICES

Insurance Verification. We will attempt to verify your insurance eligibility prior to your visit. If we are unable to confirm active insurance coverage, we will contact you about your insurance eligibility. If you are unable to provide information about other active insurance coverage prior to the visit, you will be required to either pay at the time of your visit or reschedule your appointment. For same day appointments, we will check eligibility when the appointment is made.

Outstanding Balances. After your visit, we will send you a statement for any outstanding balances. We usually send out statements every twenty-eight (28) days, beginning when the balance becomes the patient's responsibility. All outstanding balances are due on receipt. If you come for another visit and have an outstanding balance, we will request payment for both the new visit and your outstanding balance. In addition, if you have an outstanding balance for more than ninety (90) days, you may be referred to an outside collection agency and charged a collection fee of 23% of the balance owed, or whatever amount is permitted by applicable state law, in addition to the balance owed. In addition, if you have unpaid delinquent accounts, we may discharge you as a patient and/or you may not be allowed to schedule any additional services unless special arrangements have been made.

Late Arrivals, Cancellations and No shows:

Late Arrivals. If you arrive late for a scheduled appointment, you may be asked to reschedule your appointment or wait for an open appointment time on that day's schedule.

Cancellations. If you are unable to keep a scheduled appointment, you must call at least one (1) business day in advance or we may consider you a "no-show."

No-shows. If you miss your appointment, you may be charged a \$50.00 fee for a missed appointment, a \$75.00 fee for a missed pediatric appointment, or a \$100.00 fee for a missed physical. This fee will need to be paid before you are allowed to schedule another appointment. This fee cannot be billed to insurance.

Dismissal From Practice. You may be discharged as a patient following three (3) no-shows in a one-year period (365 days).

Signature: _____

To be signed by patient's parent or legal guardian if patient is a minor or otherwise not competent