

Highlands Family Medicine

Financial Policy

Thank you for choosing us as your primary care provider. We are committed to providing you with quality and affordable healthcare. Since some of our patients have had questions regarding patient and insurance responsibility for services rendered, we have developed this payment policy. If you have any questions, please ask any of our billing staff.

1. **Insurance:** We participate with most major insurance plans. If you are not insured by a plan that we do business with, payment is expected at the time services are rendered. It is up to you to know the benefits of your insurance.
2. **Self-pay:** If you have no insurance, payment is due when services are rendered. We offer a 20% discount to those who pay in full at time of service.
3. **Co-payments:** All co-payments are due before you are seen by our providers. This arrangement is part of your contract with your insurance company. You need to contact your insurance before your appointment if you are unsure of how much your co-payment is.
4. **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 insurers. This includes your initial consult to establish care in our office. You will be responsible for in full for all services that are not a covered benefit of your insurance.
5. **Proof of insurance:** All patients must complete our patient information form and present both a valid photo ID and insurance card before each visit. If you fail to provide us with correct information in a timely matter, you may be responsible for the entire bill.
6. **Family billing:** Our system does not permit us to view accounts for your whole family at one time. Also, different family members often carry different insurance plans. Therefore, you must update your billing information for each member of your family separately. When you update one member of your family, *make sure to tell us if you need to update other members at the same time.* This is also why we send out separate billing statements for each family member.
7. **Claim submission:** We will submit your insurance claims and assist you in any way we reasonably can to help get your claims paid. Your insurance company may need you to provide additional information. If additional information is required from you and is not received in a timely matter, the balance of your claim will become your responsibility.
8. **Coverage changes:** It is your responsibility to notify us as soon as possible of any changes in your insurance coverage. If your insurance company does not pay your claim within a timely matter, the balance will automatically be billed to you.
9. **Nonpayment:** We are not able to carry a patient balance for more than 90 days. After 90 days of non payment your account will go to collection review and we will not be able to see you until your account is current.
10. **Missed appointments:** Our office charges a fee for missed appointments. Please help us to serve you and our other patients better by keeping your scheduled appointments.

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11. **Obstetrical coverage:** We will verify obstetrical benefits, which will cover all your routine office visits during your pregnancy and our delivery charges. All coinsurance is to be paid by the 2nd obstetrical visit. Our charges are for our professional services only; they do not include the hospital's charges, newborn charges, or radiology charges (ultrasound, lab, or other charges acquired outside of our office).
12. **Responsibility party:** The guarantor of the insurance will be considered by default to be the party which is ultimately responsible for payment of the patient account. Any exceptions must be in writing in the form of letter or court document, signed by the guarantor, and on file in the patient chart.

We at Highlands Family Medicine are committed to providing the best treatment for our patients. Our fees are representative of the usual and customary charges for our area.

Thank you for understanding our financial policy. Please let us know if you have any questions and/or concerns. This form must be signed by the patient or responsible party before seeing one of our providers.

I have read and understand the financial policy of Highlands Family Medicine and agree to abide by its guidelines:

Signature

Date

Printed Name

Patient name different than responsible party