

Palmetto Tri-County Primary Care

Effective 08/03/2012

Financial Policy: The patient will be asked to provide their insurance card (s) at every visit. This is to ensure the information we have is correct, and the patient's plan is current and one which we participate.

Insurance cards with incorrect information can cause unnecessary delays in payment to claims.

Assignments of Benefits: Palmetto Tri-County Primary Care's physicians and midlevel providers are contracted with various Preferred Provider Organizations (PPO's,) we file the necessary forms for you and accept payment directly from your health plan. Your signature under "assignment of insurance benefits," allow us to directly bill for services rendered on the behalf of you.

Co-Payments: The portion of healthcare costs of which you are financially responsible is expected to be paid in full during registration. **This is an insurance company policy.** As required by your plan, **we will collect all co-payments and deductibles.** Your portion is set by the insurance company and you are responsible for any other non-covered billable services. **It is our policy to collect the deductible and/or coinsurance at the time of service.** We will submit health insurance forms to your carrier. **However, the agreement of the insurance carrier to pay for medical care is a contract between you and the carrier.** It is your responsibility to understand your medical benefits. There may be limitations and exclusion to coverage. The patient is responsible for any bills not paid by their insurance carrier

Uninsured Patients: Uninsured (defined): Patients registered as self pay where no health insurance claim form is generated

In order to address the needs of our patients without insurance, we offer a **44% discount off our standard fees** without discrimination on the basis of race, color, national origin, creed, or any other ground unrelated to the individual's need for service. This discount acknowledges the lower cost involved in billing and collections when a claim does not have to be submitted to a third party payer. In order to qualify, payment must be made IN FULL prior to or upon completion of visit or procedure. This discount applies to all medical services provided and is offered only at time of service. Patient's eligibility for Self Pay Discount is determined by the patient or guarantor completing and signing an application confirming they do not have health coverage.

Automobile Accidents: Palmetto Tri-County Primary Care does not bill automobile insurance carriers or any other insurance for services rendered due to automobile accident. The patient is responsible for full payment at time of service. **There are no discounted services related to visits due to automobile accidents.** The practice will provide patient with receipt and they may file their own claims.

Worker's Compensation: Palmetto Tri-County Primary Care will bill your Worker's Compensation carrier and accept payment made in full **only if we have prior approval from your employer or carrier.** Otherwise, you will be responsible for the entire bill at time of service.

Payment Options: We accept cash, personal checks, debit cards as well as credit cards (Visa/MasterCard/Discover). Palmetto Tri-County Primary Care charges \$35.00 for checks returned for insufficient funds. To rectify the account, the patient will be required to pay with cash, money order, cashier's check or credit card.

Missed & Rescheduled Appointments: Patients who miss appointments will automatically be charged as follows: **\$20 fee for routine visit, \$50 for any missed procedures, appointments scheduled for 30-45 minutes which may include, but not limited to, complete physicals, Pap, Injections, GI Procedures, and \$40.00 for new patient no show.** To avoid this charge, we kindly request that you make any appointment changes at least 24 hours before the scheduled visit. This payment is due on or before your next visit.

Medical Form Completion Policy: There is a \$25.00 charge to complete disability forms. If you request forms completed for electric wheelchairs, appointments must be made and paperwork completed at the time of exam.

Requests for Copies of Medical Information: Medical records are provided at no charge when the patient is referred by the physician or health care continuation of treatment for a specific condition or conditions. The practice has contracted with Healthport, Inc. to handle all requests for copies of medical records by patients as well as insurance companies, attorneys, etc. Healthport will bill the patient for any charges associated with copying and transferring the patient's medical record.

Lab and Outside Services: We will forward the patient's insurance information with test requisition form for laboratory tests and any diagnostic services that are rendered by independent vendors. We cannot guarantee insurance reimbursement of the recommended test or contract status of the referred facility with the patient's health care plan. Depending upon the patient's insurance coverage, they may receive a separate statement for these services.

Late Payments: Payment is expected in full within 10 days upon receipt of a statement reflecting a charge due and for which the patient is responsible. Unless prior arrangements have been made through a payment plan, a late fee of 24% annual or \$5.00 minimum per month will subsequently apply to any unmet balances or outstanding charges. Palmetto Tri-County Primary Care will provide patient with three (3) statements for any balance after insurance payment. If patient has not made payment in full or made payment arrangements with the billing department, the account will be sent to collection agency. The patient will be responsible for any collection expenses associated with the collection efforts. Please contact our billing department with any questions pertaining to a charge or the balance due on your account. If you need to discuss any special needs in the handling of your account, please contact our billing department during regular business hours.

Patient Name Print

Witness Name Print

Signature Date/Time
Patient

Signature Date/Time
Witness