



INITIAL POINT | FAMILY MEDICINE

Payment and Office Policies

- 1) **Thank you for choosing us as your primary care provider.** We are committed to providing you with quality and affordable health care. Because some of our patients have had questions regarding patient and insurance responsibility for services rendered, we have been advised to develop this payment policy. Please read it, ask us any questions you may have, and sign in the space provided. A copy will be provided to you upon request.
- 2) **Insurance.** We participate in most insurance plans. If you are insured by a plan we do business with, payment in full is expected at each visit, unless other arrangements have been made in advance. If you are insured by a plan we do business with, but don't have an up-to-date insurance card, payment in full for each visit is required until we can verify your coverage. Knowing your insurance benefits is your responsibility. Please contact your insurance company with any questions you may have regarding your coverage.
- 3) **Co-payments and deductibles.** All co-payments and deductibles must be paid at the time of service. This arrangement is part of your contract with your insurance company. Failure on our part to collect co-payments and deductibles from patients can be considered fraud. Please help us in upholding the law by paying your co-payment at each visit.
- 4) **Non-covered services.** Please be aware that some - and perhaps all - of the services you receive may be non-covered or not considered reasonable or necessary by your insurance. You must pay for these services in full at the time of visit.
- 5) **Proof of insurance.** All patients must complete our patient information form before seeing the doctor. We must obtain a copy of your driver's license or other picture ID and current insurance card to provide proof of insurance. If you fail to provide us with the correct insurance information in a timely manner, you may be responsible for the balance of a claim.
- 6) **Claims submission.** We will submit your claims and assist you in any way we reasonably can to help get your claims paid. Your insurance company may need you to supply certain information directly. It is your responsibility to comply with their request. Please be aware that the balance of your claim is your responsibility whether or not your insurance company pays your claim. Your insurance benefit is a contract between you and your insurance company; we are not party to that contract.
- 7) **Coverage changes.** If your insurance changes, please notify us before your next visit so we can make the appropriate changes to help you receive your maximum benefits. If your insurance company does not pay your claim in 60 days, the balance will automatically be billed to you.

(OVER)

- 8) **Nonpayment.** If your account is over 90 days past due, and without any action on your part to remedy the situation you will receive a letter stating that you have 20 days to pay your account in full. Partial payments will not be accepted unless otherwise negotiated. Please be aware that if a balance remains unpaid, we may refer your account to a collection agency and you and your immediate family members may be discharged from this practice. If this is to occur, you will be notified by regular and certified mail that you have 30 days to find alternative medical care. During that 30-day period, our physician will only be able to treat you on an emergency basis.
- 9) **Missed appointments.** Please help us to serve you better by keeping your regularly scheduled appointment. We recognize that everyone has an occasional emergency that make keep them from an appointment time, however a pattern of missed appointments could result in a missed appointment charge or even in extreme cases discharge from the practice.
- 10) **Request for prescription refills.** The practitioners at IPFM have an expectation that you will take responsibility for knowing your medications so that we can manage your treatment safely and appropriately. Please bring a complete list of all these medications with you to your appointment. It is important that we know any changes that have happened, such as you stopping a medication on your own, a specialist changing a prescription or even the emergency room or urgent care giving you something new. We do require office visits on a regular basis for all of our patients taking prescription medication. The interval will vary depending on the type of medication prescribed. Medications for acute problems (cough, fever, sinus infection, etc.) will require an office visit to ensure that a correct diagnosis is made and that the appropriate medication is prescribed. Please contact your pharmacy if you would like to request a refill. Please allow 48 - 72 hours for refill authorization.
- 11) **Messages.** Phone calls during office hours may require messages being taken and a return call may not be able to be made until the end of day depending on our schedule. Your call is important to us as are the patients that we have scheduled to be seen that day.

I have read and understand the payment policy and agree to abide by its guidelines:

Signature of patient or responsible party

Date