

## EVERGREEN FAMILY HEALTH PARTNERS FINANCIAL POLICY

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 developed this payment policy. Please read it, ask us any questions you may have, and sign our acknowledgement form. A copy will be provided to you upon request.

1. **Insurance.** We participate in most insurance plans, including Medicare. We will submit a claim to all insurance plans on your behalf. If you are insured by a plan with which we do not have a contract, you are responsible for full payment. Knowing your insurance benefits is your responsibility. Please contact your insurance company with questions regarding your coverage.
2. **Co-payments.** All co-payments 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 from patients is a violation of insurance rules. We reserve the right to charge you a late fee if co-payment is not paid at time of service.
3. **Co-Insurance and Deductible. This includes all HSA plans.** We reserve the right to collect any anticipated deductible at the time of your visit. You also may be asked to provide us with your credit card or HSA account information so that any outstanding balances that were not collected at the time of the visit may be charged once your insurance has processed the claim. Any outstanding balance on your account must be paid prior to, or at the time of your next appointment, regardless of whether you have received a bill from Evergreen Family Health.
4. **Non-covered services.** Please be aware that some-and perhaps all- of the services you receive may be “noncovered” or not considered “reasonable or necessary” by Medicare or other insurers. Knowing your insurance benefits is your responsibility. You are responsible for payment of all non-covered services.
5. **Proof of insurance.** We must obtain a copy of your current valid insurance certificate or card to provide proof of insurance. If you do not provide us with the correct insurance information in a timely manner, you may be responsible for the balance of a claim.
6. **Claim 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 request that you supply certain information directly to them. It is your responsibility to comply with their request. If your insurance company does not pay your claim in 45 days, the balance will automatically be billed to you.
7. **Coverage changes.** If your insurance changes, please notify us when you schedule your next visit so we can make the appropriate changes to help you receive your maximum benefits.
8. **Nonpayment.** If your account is over 90 days past due, you will receive a letter or phone call advising that you have 30 days to pay your account in full. Partial payments will be accepted only if arrangements have been made. Please be aware that if a balance remains unpaid, we may refer your account to a collection agency and you will be notified by 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.** Our policy is to charge a fee after a 2<sup>nd</sup> missed appointment or appointments not cancelled within 24 hours. These charges will be your responsibility and billed directly to you. A 3<sup>rd</sup> missed appointment may result in a discharge from our practice. Please help us to serve you better by keeping your regularly scheduled appointment.
10. **Self-Pay or Uninsured.** We welcome any patient to our practice regardless of insurance coverage. Payment for services rendered is due at the time of service. We offer a 20% courtesy discount only when paid in full.

Our practice is committed to providing the best treatment to our patients. Our prices are representative of the usual and customary charges for our area. Thank you for understanding our payment policy. Please let us know if you have any questions or concerns.