



## Financial Policy

Whether you are new to Patients First Health Care or we have had the pleasure of serving you over the years, we would like you to be aware of our Financial Policy. When you or your family member has a medical need, we are happy to participate in the care. When you utilize our services, you are responsible for the costs incurred. Understanding our Financial Policy is an essential element of your care and treatment. If you have additional questions, please feel free to discuss them with our staff.

Patients First Health Care participates in many health insurance plans and managed care programs but our agreement to provide services is with you. It is your responsibility to understand the provider participation, benefits and limits of your plan coverage. Patients First will file claims for payment to primary and secondary insurance plans. You are responsible at the time of service for payment of copays, non-covered amounts, estimated co-insurance/deductible amounts and prior balances. Patients insured with plans not accepted by Patients First are responsible for payment in full at the time of service. Complementary insurance claims will be submitted upon request. Payment is expected at the time of service for uninsured patients unless payment arrangements are made in advance.

### **At each visit, you will be asked to provide:**

- a current insurance card
- photo identification
- updated demographic information
- payment of patient responsible amounts described above
- Any required referral or insurance authorization (back dated referrals will not be honored)

**Workers' Compensation.** Visits related to workers' compensation require the employer's authorization for treatment and the billing information.

**Accidents and Injuries.** Accidents and injuries as a result of vehicle accidents or public liability are considered the personal responsibility of the patient and are to be paid promptly.

**Minors.** Patients under 18 years of age must be accompanied by a parent or legal guardian. If this is not possible, an adult who has obtained written consent from the parent or legal guardian may accompany the minor and is responsible for the payment of any amounts due for services provided (copays, coinsurance, deductibles, non-covered services and prior balances). If a provider's office agrees in advance, an unaccompanied minor may present for care with a signed authorization from the parent or guardian. An exception to this is an adolescent presenting for confidential services, which are permitted by the State of Missouri to provide without notifying the parent.

**Divorce.** In cases of divorce or separation, the party responsible for the account prior to the divorce or separation remains responsible for the account. After a divorce or separation, the parent authorizing treatment for a child will be the parent responsible for the charges regardless of provisions in the divorce decree.

**Payment Methods.** Cash, check, money order, credit card (MasterCard, Visa, American Express, Discover)

**Remaining Balances.** Amounts due after insurance pays are billed to the patient/responsible party and due upon receipt. We realize that temporary financial difficulties may affect timely payment of your account. If such problems do arise, we ask that you contact our Patient Accounts staff promptly for assistance in the management of your account. They are available in person on the main campus in Washington or by calling 636-390-1444 or 877-901-2927.

**Collections.** If it becomes necessary to seek outside collection agency/legal assistance for balance collection, any and all additional costs associated with the collection of the debt will become part of the balance due. When accounts are submitted to outside entities for collection, certain information related to your treatment must be disclosed. Venue for any legal action shall be Franklin County, Missouri. Patients are subject to dismissal from the practice for failure to honor the financial obligation made by requesting and receiving services.

### **Appointments.**

To ensure appointments are available for patients when needed, a “missed appointment” policy has been established.

- Office visits and diagnostic testing require 24 hour advance notice of cancellation.
- Cancellation of a scheduled surgical procedure requires notification two business days in advance.
- Missed office appointment fees are \$25.00, diagnostic testing appointments such as CTs, MRIs, Nerve Conduction Studies, Nuclear Medicine Exams, Sleep Studies and Ultrasounds are \$100.00 and surgical procedures are \$200.
- Missed appointment/surgery fees are not covered by insurance.
- To avoid a missed appointment fee, please provide cancellation notice in advance.
- If three appointments have been missed, the family may be discharged from the practice.

### **Additional Fees.**

- **Copayment Billing Fee.** Failure to pay copayments at the time of service will incur an additional billing fee of \$10. This amount is not payable by insurance.
- **Medical Records Fees.** Copies are provided for on a fee based on the guidelines of the State of Missouri and are payable. There is no fee for records sent to another physician in transfer or continuation of care.
- **Outside Fees.** Fees for services provided by reference labs, hospitals, surgery centers, durable medical equipment providers, pathologists and some radiologists and surgical assistants are not included in bills from Patients First.
- **Returned checks.** All returned checks will incur a \$25 fee. If there are multiple returned checks, future payments will be required to be by cash, cashier’s check or credit card.
- **Form completion** – A fee is charged for the completion of forms not done in conjunction with an office visit. The fee is based on the type of form and time needed to complete. Consult the provider’s office for fees based on form type.

### **Other Insurance Information:**

**No Insurance/No Insurance Card.** The patient or guarantor will be required to sign a financial responsibility statement if there is no insurance or the current insurance card is unavailable at the time of service.

- **Correct Insurance Information.** Many insurances require us to file claims within a specified time frame. If incorrect insurance information is provided at the time of service and the insurance denies payment, the charges become the liability of the patient or guarantor. Corrected insurance information received after the timely filing deadline will not be accepted.

- **Exclusive Arrangements.** If your insurance requires use of alternate care providers such as specific reference laboratories, please inform our staff before the service is provided.
- **Insurance Requests.** Insurances may need additional information from the patient or member. Failure to comply with their requests in a timely manner will result in a shift of the financial responsibility from the insurance to the patient/responsible party.
- **Referrals.** Patients requesting referrals from Patients First providers should allow 48 hours for the request to be processed. Retroactive referrals will not be issued.
- **Newborns.** Reminder to expectant or new patients that the newborn should be added to your insurances plan as soon as possible after delivery. Contact your insurer or employer as this should be done before your infant is 30 days old. It is your responsibility to notify us of the coverage specifics and effective date.
- **Medicaid recipients.** If a Medicaid recipient also has private insurance coverage, we are required to bill the private insurance carrier.
- **Workers' Compensation.** When visits are related to workers' compensation, every effort is made to assist the patient in filing claims for services. If, however, the claim is denied or dropped, the patient is responsible for prompt payment of any outstanding balance. Regular medical insurance can be billed if prior to their timely filing deadline. Patients must obtain a waiver of timely filing from their medical insurance for us to submit claims after the deadline.
- **Surgery Deposit.** Prior to elective (non-emergent) surgeries, our staff will verify insurance eligibility and estimate the patient's financial liability. The provider's office will contact you regarding the required deposit amount.
- **Flexible spending and health savings accounts.** These are not part of our insurance agreements. Any remaining balances due after insurance reimbursement is received are due from the patient or responsible party.
- **Preventive versus Problem-Focused Visits:**
  - Preventive or Well Visit* - is when a healthy patient is seen to screen for various illnesses and diseases.
  - Problem-Focused Visit* - is one where the patient has a specific concern, symptom, complaint or disease to monitor.
    - If both services are provided at the same visit, a provider is to bill both services to accurately represent the services provided during the visit.
    - Some insurance carriers only provide benefits for prevention while others may only provide benefits for problems. We recommend you contact your insurance carrier prior to your visit and inquire about the types of benefits you have. This should be communicated to your Patients First provider at the time of service.
    - We are sensitive to the financial burden this may place on some of our patients, however, neither our providers nor staff can misrepresent your non-covered service in an effort to obtain reimbursement from your insurance company as it is considered fraudulent.
    - Our providers recommend care based on the patient's best interest which is independent of insurance coverage issues. There may be instances when recommended care is not paid by an insurance carrier or payment is limited based on the level of benefit coverage in a specific insurance policy.

**Refunds.** Refunds are issued when there are no outstanding insurance or patient balances.

**Ownership Disclosure.** Patients First Health Care is solely owned by Patients First physicians and a list is available upon request.

# Patients First Financial Statement

## Acknowledgement and Agreement

All patients and/or responsible parties are required to acknowledge their understanding and agreement to comply with this Financial Policy Agreement by signing below. If there are additional questions, please feel free to ask our office staff or Patient Accounts at 636-390-1444 or 877-901-2927.

I have read and agree to abide by the financial policy of Patients First Health Care.

Patient Name (please print) \_\_\_\_\_

Patient Date of Birth \_\_\_\_\_

Signature of Patient/Responsible Party \_\_\_\_\_

Printed Name (if other than patient) \_\_\_\_\_

Responsible Party Social Security Number \_\_\_\_\_

Relationship to Patient \_\_\_\_\_

