

ABUNDANT HEALTH! FAMILY MEDICINE FINANCIAL POLICY

Printed Name Patient: _____ DOB: _____ Date: _____

Welcome! Thank you for choosing Abundant Health Family Medicine as your health care provider. We look forward to providing excellent medical care and forming a long-term professional relationship with you. As part of that professional relationship, we feel it is important to provide you with information that will allow you to understand our financial policy.

If you have medical insurance, *that relationship is between you, your employer, and your insurance company*. **As a courtesy**, we will file a claim with your insurance for our services. If your insurance carrier does not remit payment within 60 days (about 2 months), the applicable balance will then be due in full by the you, the patient. Unless your insurance carrier has a contract with our office to pay based on a specific negotiated fee schedule, you may be held responsible for any difference remaining between the insurance payment and the total charges. Ultimately you are financially responsible for the services rendered by our providers. We require payments of your estimated share to be made on the day the services are rendered. If payment is made by your insurance carrier more than the balance of your account, we will refund the credit to the appropriate party.

- Before you receive services at our office, *you* must verify that we are participating providers with your insurance. If we are not participating providers and you still want to be seen, you will be responsible for all fees for services rendered.
- It is always the patient's responsibility to know their insurance carriers benefits and policy. Please be aware that some or perhaps all services rendered in our office may not be covered fully by your insurance company. Please provide your current insurance information at the time of your visit. Failure to provide the correct insurance information could result in the claim being denied by your insurance company. In the case of non-payment by the insurance carrier, the patient is ultimately responsible for payment. You are responsible for payment regardless of any insurance company's arbitrary determination of usual and customary rates.
- A copay, coinsurance and/or deductible are due at time of service. As a courtesy, we will estimate the amount owed based on the information from your insurance company. If additional amounts are owed after the insurance company has paid the claim, you will be responsible for the difference, regardless of our initial estimate.
- It is your responsibility to provide our office with your most current medical billing information. Failure to update all billing information *prior* to your appointment may result in the patient having to pay for the appointment at the time of service and you will need to file the claim with your insurance company. Remember, filing your claim with your insurance carrier is a courtesy.
- If you have an account balance, we will send a statement to the most recent billing address you have provided. If you have questions about your statement, please contact our office at 830-620-7744 and ask to speak to our billing department.

- **Payment in full is due upon receipt of your statement** Balances not paid in full within 30 days of statement issue date will be deemed past due. Past due accounts will be subject to a \$10.00 rebilling fee. If you need to make payment arrangements, please let us know. We will be happy to work with you.
- Past due accounts may be referred to an independent collection agency or attorney by our office. If this happens, you will be responsible for all costs of collecting monies owed including court cost, collection agency fee and attorney fees. You are responsible for keeping Abundant Health Family Medicine advised of any address changes. If any correspondence is returned via US mail, you understand that the account will be considered in default and will be turned over for collections immediately.
- If you are unable to pay your balance in full, you must contact our office to discuss a payment plan. Once payment arrangements have been made, it is your responsibility to fulfill that agreement. Failure to follow the payment plan schedule may result in your account being referred to an independent collection agency, attorney, or termination of care with our clinic.
- **A minimum of 24-hour** cancellation notice is required for appointments. **A \$75.00 No show/same day cancellation fee will be applied for failure to cancel or reschedule an appointment at least 24 hours prior to your appointment time.** All no show/same day cancellation fees must be paid in full prior to your next visit. You are responsible for any no-show fees you are charged; your insurance company will not be billed. These fees must be paid in full before scheduling your next appointment. If you incur (3) no show charges within one year time, you may face dismissal from the practice.
- ***Abundant Health Family Medicine has an on-call provider available after hours to address your urgent medical concerns. A \$20.00 fee may be assessed for after- hours care requiring diagnosis and treatment of our medical condition.**
- Patients with past due accounts, who have not previously made payment arrangements, will be required to meet in person with a member of our staff prior to making any routine or preventive appointments.
- If the patient has insurance coverage with which this office has a contractual agreement, we will bill the insurance for services rendered. In the case of non-payment by the insurance company, the patient/guardian understands they are responsible for payment. A \$50.00 fee will be applied to the original balance for checks returned by your financial institution.
- ***The providers at Abundant Health Family Medicine made decisions regarding your health based on medical judgement. This may mean that they recommend laboratory tests, x-rays, or procedures that may not be covered by your health plan (if you have one). Please be familiar with your health insurance benefits. The time to address your coverage/cost is before the services/procedure(s) are performed. I, the undersigned patient/guardian, or responsible party have read and understand Abundant Health Family Medicine's policies.**

Signature of Patient/Guardian: _____

Date: _____

Relationship to patient: _____
