

Date: 09-08-2021

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## Welcome to Frenchtown Medical!

### PATIENT FINANCIAL POLICY

Thank you for choosing Frenchtown Family Medical & Wellness, P.C. as your healthcare provider. We are committed to building a successful physician-patient relationship with you and your family. Our goal is to provide you with the best medical care. As a small local business, we strive to be patient centered and cost effective.

Your clear understanding of our Patient Financial Policy is important to our professional relationship. Please understand that payment for services is a part of that relationship. Please ask if you have any questions about our fees, our policies, or your responsibilities. It is your responsibility to notify our office of any patient information changes (i.e. address, name, insurance information, etc).

· Most insurances are accepted at Frenchtown Medical, you may need to check with your insurance to ensure that we are in network.

· When you arrive at the clinic, bring your insurance card, driver's license, and a form of payment with you. We will make a copy of your license, insurance cards; and for your convenience put your credit or debit card on file for payment.

· *Payment is expected at time of service.*

#### **Co-pays**

The patient is expected to present an insurance card at each visit. All co-payments and past due balances are due at time of check-in. We accept cash, check or credit cards.

#### **Insurance Claims**

Insurance is a contract between you and your insurance company. In most cases, we are NOT a party to this contract. We will bill your insurance company one time as a courtesy to you. In order to properly bill your insurance company we require that you disclose all insurance information including primary and secondary insurance, as well as any change of insurance information. Failure to provide complete insurance information may result in patient responsibility for the entire bill. Although we may estimate what your insurance company may pay, it is the insurance company that makes the final determination of your eligibility and benefits. If your insurance company is not contracted with us, you agree to pay any portion of the charges not covered by insurance, including but not limited to those charges above the usual and customary allowance. If we are out of network for your insurance company and your insurance pays you directly, you are responsible for payment and agree to forward the payment to us immediately.

**Electronic billing and payment.** Historically we have billed by mail, but in an effort to be more efficient, we are asking every patient to provide us with a credit card at the time of service. Your card will not be charged until the Explanation of Benefits (EOB) returns from your insurance.

The only amount charged will be the "patient responsibility" portion as defined by your insurance. We will contact you before submitting charges over \$200. You will receive an Email notification or mailed statement with the amount charged to your credit card

**Participating Insurance.** If your insurance plan is one with which we are not a participating provider, you will be responsible for payment in full. However, as a courtesy, we will file your initial insurance claim and if not paid within 30 days you will be responsible.

#### **Workers' Compensation**

It is the patient's responsibility to provide our office staff with employer authorization/contact information regarding a workers' compensation claim. If the claim is denied by the workers' compensation insurance carrier, it then becomes the patient's responsibility. At your request, we will submit the claim to your primary medical insurance carrier with a copy of the workers' compensation insurance denial. If your primary medical insurance carrier's claim is denied, you will be responsible for payment in full.

#### **Self-pay Accounts**

Self-pay accounts are patients without insurance coverage, patients covered by insurance plans in which our practice does not participate, or patients without an insurance card on file with us. Liability and workers' comp cases will also be considered self-pay accounts. It is always the patients' responsibility to know if our office is participating with their plan. If there is a discrepancy with our information, the patient will be considered self-pay unless otherwise proven.

Self-pay patients will be required to pay full amount at time of service. If you pay in full at time of service we offer a 10% discount from our customary fee schedule. Payment arrangements are available if needed. Please ask to speak with a collection coordinator to discuss a mutually agreeable payment plan. It is never our intention to cause hardship to our patients, only to provide them with the best care possible and the least amount of stress.

#### **COMPLETION OF FORMS POLICY**

In order for us to better serve you, we request that you are aware of the following: Your insurance company will not be billed as insurance companies do not reimburse for the time and judgment that are required to complete these forms.

Please allow 7 business days for completion of forms.

#### **Payment is required prior to completion of all form(s)**

**The fee for completion of forms is \$35.00.**

#### **Outstanding Balance Policy**

It is our office policy that all past due accounts be sent an e-statement or a paper statement dependent on preference. If payment is not made on the account, a single phone call will be made to try to make payment arrangements. If no resolution can be made, the account will be sent to the collection agency and possible discharge from the practice. In the event an account is turned over for collections, the person financially responsible for the account will be responsible for all collections costs.

#### **Returned Checks**

The charge for a returned check is \$35 payable by cash or money order. This will be applied to your account in addition to the insufficient funds amount. You may be placed on a cash only basis following any returned check.

*This financial policy helps the office provide quality care to our valued patients. If you have any questions or need clarification of any of the above policies, please feel free to contact us.*

## **Cancellation Policy/No Show Policy For Appointments**

- **Cancellation/ No Show Policy for Appointments.** We understand that there are times when you must miss an appointment due to emergencies or obligations for work or family. However, when you do not call to cancel an appointment, you may be preventing another patient from getting much needed treatment.
- **If an appointment is not cancelled at least 24 hours in advance you will be charged a fifty dollar (\$50) fee; this will not be covered by your insurance company.**
- **Scheduled Appointments** We understand that delays can happen however we must try to keep the other patients and doctors on time. If a patient is 15 minutes past their scheduled time we will have to reschedule the appointment.

*Frenchtown Family Medical & Wellness, P.C.*  
406-541-4700