

Cumberland Family Medicine Assoc. LLC

Office and Payment Policy

Thank you for choosing us as your primary 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 any questions you may have, and sign in the space provided. A copy will be provided to you upon request.

1. Insurance. We participate in most insurance plans, including Medicare. If you are not insured by a plan that we do business with, payment is expected in full at each visit. If you are insured by a plan that 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 coverage. Knowing your insurance benefits is your responsibility. Please contact your insurance company with any questions you may have 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 can be considered fraud. Please help us in upholding the law by paying your co-payment at each visit.

3. 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 Medicare or other insurers. You must pay for these services in full at the time of your visit.

4. Proof of insurance. All patients must complete our patient information form before seeing the doctor. We must obtain a copy of your current valid insurance card to provide proof of insurance. If you are required to select a PCP by your insurance, you must have selected our office before being seen. All Workman's Comp and Motor Vehicle Accident related injuries must present written claim information at the time of the visit. If you fail to provide us with the correct insurance information in a timely manner, you will be responsible for the balance of a claim.

5. 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. If your insurance company does not pay your claim in 45 days, the balance will automatically be billed to you. Your insurance benefit is a contract between you and your insurance company; we are not party to that contract.

6. Coverage changes. If your insurance changes, please notify us before your next visit so that we can make the appropriate changes to help you receive your maximum benefits.

7. Nonpayment. If your account is over 30 days past due, you will receive a charge of \$5.00 each month that the balance remains unpaid. 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. You will also be advised that the balance must be paid at the time of your next visit.

8. Work/school notes. Please discuss your need for work/school notes with the doctor during your visit. If you are not seen for the illness, but you did call our office the first day you were ill, we will give you a work note when you need to return. If there is any balance due on your account, this must be paid before we will issue any notes.

9. Missed appointments. As a courtesy, our office, when possible, will call with appointment reminders. It is your obligation to keep track of your scheduled appointments. To cancel an appointment, you may call at any time. If the office is not open, you may leave a message canceling your appointment. Our policy is to charge \$25.00 for missed appointments not canceled within a reasonable (24 hr.) amount of time. **These charges will be your responsibility and billed directly to you.** Three or more of these missed appointments and you may be discharged from this practice. If this is to occur, you will be notified by certified mail that you have 30 days to find alternative medical care. During that 30-day period, our physicians will only be able to treat you on an emergency basis. Please help us to serve you better by keeping your regularly scheduled appointments.

10. Forms. Our office has a minimum \$10.00 fee to complete forms and it takes 2-5 business days. We charge a \$5.00 fee for any notes that must be on letterhead or prescription blank. We do not charge for State Disability forms. The doctors have many forms to complete, please understand that yours is one of many. Forms will not be done during hours when the doctor is seeing patients. Some forms may require additional testing or information that makes it necessary for the doctor to see you. In this case you will be asked to schedule an appointment.

11. Prescriptions. Please bring all your prescription bottles to your routine visits. The doctor/nurse practitioner will write all refills at that time. When you are in need of a prescription refill, we ask that you contact your pharmacy and have them notify us. Please do not wait until you are out of your medicine to contact us, allow 48 hours for all refills. We ask that you **do not call our emergency service after hours** for refills.

12. Referrals. We make every effort to have your referrals done before your specialist visit. In order to do this, we must ask that you give us at least 48 business hours notice. Our referral line can take your requests 24 hours a day / 7 days a week. **You are responsible to pick up your referral and take it with you.** We will not issue a referral if you have not been seen by our doctor for the problem or we did not refer you to the specialist.

13. Medical records. You are entitled to copies of your records upon written notice with a \$1.00 per page fee that must be paid in advance. We will send your records to another physician upon written request from you with no fee charged to you.

14. Blood tests. Our policy is for patients to have blood tests done prior to their office visit, so that the doctor/nurse practitioner can review the results and plan your treatment. You will be given the slip at your visit for the next time. It is your responsibility to know what lab to use with your insurance.

15. Cell phone usage: Please be respectful of the doctor, staff and other patients and do not use your cell phone while in our office.

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 policy. Please let us know if you have any questions or concerns.

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

Signature of patient or responsible party

Date