

Thank you for choosing Bander Family Medical for your healthcare services. It is a pleasure to serve you. We are committed to providing the best medical care possible. The payment of your bill and understanding of office policy is an important part of providing quality services to our community. Please read and retain this Financial Policy and Office Policy.

Patient Financial Policies

Payment Guarantee: For services rendered by Bander Family Medical (“BFM”), you guarantee payment of your account at the time services are provided for the entire costs that will not be paid by an insurance carrier, government payer (including Medicare) or other third party payer (all called “PAYER”), or if at a later date after initial approval, your Payer denies the claim. You further understand that any out-of-network charges may be your responsibility as determined by your PAYER. You acknowledge that if your dependent is provided services you will be responsible for payment under these same terms and conditions. The “Responsible Party” listed on the Patient Data Sheet will be sent the bill and agrees to pay it. If the Responsible Party is not you and that person does not pay the bill, YOU agree to pay the bill.

Assignment of Benefits: To the extent there is third party coverage for payment of services, you agree that all medical and related benefits **PAID** by PAYER will be assigned to BFM on your behalf.

Billing Information: It is essential that you provide us with complete and accurate information to submit billing to your insurance company (i.e. home address, phone numbers). We will make every effort to submit claims to your insurance company and promptly provide you our statements. However, if for any reason the statement is returned to our office because of a problem with an address you provided, you may be dismissed and referred to a collection agency. To avoid this, please keep your information up-to-date.

Please be sure to bring your government-issued photo identification and your insurance cards to every visit so that we may properly bill your insurance company. If you do not have your insurance card with you, you may be required to make payment in full that day or reschedule.

Medicare Agreement: If you have Medicare coverage, you acknowledge that payment of benefits will be made to you or on your behalf for any services furnished to you by BFM (or the party who accepts assignment), including your physician services. You authorize any holder of medical or other information about you to release to Medicare and its agents, any information needed to determine these benefits or any benefits for related services.

Insurance Billing: As your healthcare provider we will file your claims with your insurance company as a courtesy after services are provided, unless you notify us not to file it with your Payer. It is your responsibility to understand what services are covered under your medical insurance policy. If you have any questions whether a service will be covered we urge you to contact your insurance company, **before** the service is provided. The codes that are listed for the services that are provided to you are based on the guidelines of the American Medical Association. There are several factors involved when making the decision for the type of services to be billed. Among those deciding factors is whether you are a new patient (not seen within the last three years) or established patient, the reason for the visit, the amount of time the service takes and the complexity of the medical problem. Insurance companies make their payment decision about a specific medical service by looking at what your insurance policy provides. **Example: If the reason for your visit is a sport physical and your insurance company does not cover that service we cannot go back and change the reason for your visit. It is your responsibility to find this out ahead of time.**

It is your responsibility to know and understand your insurance coverage for services rendered by our office such as the type of office visit *well exams* or *problem focused*, laboratory services,

screenings, x-rays, and bone densities. We suggest you contact your insurance company to find out what benefits you have under your policy, before services are rendered by us. Call the customer service number which is usually found on your insurance card.

Be advised that your insurance company may require a pre-certification, prior authorization, or referral for some services, such as: radiology, surgery, or specialist visits. Receiving prior authorization does not guarantee that your insurance company will pay for it. Patients have the responsibility to ensure that prior authorization has been obtained prior to services rendered. Prior authorizations should be obtained before the visit or service, not the day of the visit or service.

Please note: If you are injured in an *accident* and you have medical insurance that insurance may or may not cover our services. BFM does not bill auto insurance carriers or other parties involved in an accident claim, you will be responsible to pay for charges of the office visit and will be given a receipt of those charges for you to file.

You should normally receive a response from your insurance company within 30 days. This is in the form of an "**Explanation of Benefits**" (or "**EOB**"). If you do not receive it, we would appreciate you contacting your insurance company to check the status of your claim in order to expedite payment. Please call our Billing Department (the phone number is listed on your statement), if you encounter any difficulty with your insurance company. We will try to assist you. You are responsible for payment until the account is paid in full by your insurance company.

Payment terms: Depending on your insurance policy benefits, you may be responsible for a co-payment, coinsurance, deductible, or for the entire services rendered. We may require payment for these items at the time of your office visit. If you fail to make payment at the time of service we may charge a processing fee to cover our extra expense of preparing and sending out a bill.

Once we have received an EOB from your insurance company, which indicates the amount you will be responsible for, a statement for the balance will be sent to you and payment is expected by the Due Date as stated on our bill.

If amounts due for services rendered become delinquent (after 90 days) the amounts may be referred to a collection service, you agree that you will be responsible for all reasonable costs and expenses incurred in the collection efforts, including any interest charges due.

Note to divorced parents of dependents: Unless you provide us with a court order, the statement will be sent to the "Responsible Party" listed on the Patient Data Sheet and that person agrees to pay the bill. If the Responsible Party is not you and that person does not pay the bill, YOU agree to pay the bill. If there is a disagreement it is for the parents to determine who should pay without BFM involvement.

Non Contracted Insurance: If you choose to be a patient in our practice and we are not contracted with your insurance company or out of network, we will submit a bill as a courtesy to you. We verify your insurance coverage and will receive estimate of the amount they will pay. You agree to pay any portion not covered.

Self Pay Patients: Self Pay Patients are those not covered by any insurance policy or third party payer. Self Pay Patients will receive a discount across the board for professional services rendered, **when payment is made in full at the time services are rendered** (and where no claim form is prepared or billing statement has to be mailed). If payment is not made in full and a payment plan is approved, the discount does not apply.

Payment is YOUR responsibility: Our relationship is with you, to provide quality healthcare to you and/or your dependent. Consequently, **all charges incurred are your responsibility**. The obligation to ensure payment in a timely manner lies with you. Unfortunately, we cannot always depend on your insurance company to make timely payment on your behalf. We are not

responsible for delays, misplaced claims, or the need for additional information from you by your insurance company. If for any reason a check is returned for insufficient funds any charges incurred by BFM will be passed on to you and you will be required to reimburse BFM. Finance charges may be imposed to your account if not paid in full it will be computed at a rate of 1% to the overdue balance. **Past due accounts** may be sent to a collection agency and may be reported to the credit bureau. There is a \$25 collection fee added to all accounts sent for collections. Statements are sent: "Balance Due, Past Due and Final Statement" A "Final Statement" must be paid within 15 days or it will be sent to our collection agency. Patients in collections can not be seen in the office.

Payment Options: If you are unable to meet your financial obligation, payment arrangements can be made. Financing options may be available. Contact our Billing Department to discuss payment options, **before your account becomes over due.** In cases of financial hardship you might be considered under our hardship policy and you may ask us about it. Once a payment plan is decided it is your responsibility to make the payments agreed on time, any late or missed payment void the plan and it must be paid in full, and paid within 15 days of receipt.

Making Payments: Patients may pay by cash, money order, check or personal credit card, which can include credit cards to pay from your "flexible spending account" and/or "health savings account," if you have these. One, or all, of these cards may be used to pay your bill, and may be kept on file by us to facilitate billing. Patients agree if they have a credit balance after paying for a service, BFM can apply it to any outstanding balances on their account.

Fees Assessed by BFM: Effective November 2011 a fee of \$25 will be charged for **Completion of Forms** (e.g. Disability or Family Medical Leave). Other fees: (1) *Copying of Medical Records* \$25 for the first 20 pages and \$0.50 for every subsequent page. This fee does not include billing records. (2) ("*No Show*") - if you do not advise us of your inability to keep your appointment prior to 24 hours before your appointment. You will be charged a fee of \$30 if you have up to 3 "no shows". If the "no shows" persist you may be dismissed from the practice. (3) *Returned checks* \$35 for any checks returned by the bank.

Office Policies of Bander Family Medical

You will be considered an active patient as long as we provide you services within a 3 year period. You will have deemed yourself as terminating our relationship if you have no contact with us for this period of time.

Unaccompanied Minors seen in our office are age 16-17. They may be seen with prior arrangement from the parent or legal guardian, and a **written note** stating they may be seen without their presence. The note must be presented within 10 minutes of the appointment. There will not be any injections, lab draws, x-rays, pap smears or referrals performed on unaccompanied minors without the presence of a parent or guardian.

Narcotic Agreement: BFM has the right to require a patients/guardians to sign a narcotic agreement for any "scheduled" medication. Failure to sign the agreement or comply with the conditions of the agreement may result in termination from the practice or denial of the requested narcotic medication.

Appointments: When requesting an appointment you will be asked to give information regarding the nature of the appointment, this is important for the scheduler to make appropriate time allotment for the appointment. We make every effort to keep the schedule on time, please be prompt for your scheduled appointment. Please let us know if you are running late for your appointment, we may need to reschedule you. If you arrive 15 minutes late or more you will be rescheduled. If the schedule is running behind for our practitioners, we will keep you informed.

Prescriptions Refills: Prescription refill requests are made through your pharmacy. Refill requests are handled in order of receipt and may take up to **72** hours to complete. Please do not

call the office for refill requests, you will be asked to contact your pharmacy. Refill requests will not be handled after hours or on weekends. Please note if you are out of refills this may indicate the need for an office visit and possibly lab work. Schedule II narcotics such as ADD medications require an office visit for refills. Office visits are required every 6-12 months for all other medications prescribed, depending on the type of medication and the health condition of the patient and discretion of the practitioner. Failure to comply with the required office visits for medication refills may result in dismissal from the practice.

Telephone Calls during Office Hours: Calls during office hours are screened by our staff. The practitioners are not interrupted while seeing patients for call, messages are taken and the practitioner will address the messages when they are not seeing patients. If your call is an emergency you will be asked to call 911. Messages will be handled and calls returned within 24-48 hours. Most call received after 1:30 pm will be addressed the next day.

X-RAY Release: X-rays are a part of your medical record, they may be borrowed at your request if needed for another physician to view. When you request a x-ray, you will check them out and sign the agreement for the return of the x-ray. X-rays need to be returned within 30 days or a late return fee of \$10 will be charged to you, an additional \$10 charge will be made for every 30 days overdue. If the films are not returned after 6 months they will be considered lost and a flat \$50 fee is charged.

Notification of Lab or Test Results: Results of labs performed in our office are discussed at the time of the visit. Results from outside labs may take 1-6 days to be received by our office. The methods of communicating results may be e-mail, mailed blue card, or call from the office. Normal results do not require a call. If you have not received any result communications within two weeks call the office.

Dismissal from our Practice (Divorce from the practice) BFM has the right to dismiss patients that are not compliant with the policies of payment, or policies of the practice. Notification of dismissal is certified mail. Non narcotic prescriptions will be refilled for a 30 day quantity only.