

## **Financial Policy**

Thank you for choosing Family Care Center as your Patient Centered Medical Home. Just as we want you to be knowledgeable about your healthcare, we also want you to understand the financial policy of Family Care Center. Please understand that payment of your bill is considered a part of your treatment. The following is a statement of our financial policy, which we require you to read and sign.

Full payment of your copayment, deductible, and non-covered services are due at the time of service. We accept cash, check and most credit cards (Visa, MasterCard, Discover, American Express and Debit Cards)

### **Collection of Patient/Guarantor Demographic Information**

In order for Family Care Center to appropriately bill your insurance company, there is information that we will request from you (current insurance card, current address, date of birth of the subscriber). If you choose not to provide us with your information, you will be considered self-pay and payment for your services will be expected at the time of your service.

A copy of your driver's license will also be requested per The Red Flag Rule. For information regarding the Red Flag Rule, please refer to the Federal Registry at <http://edocket.access.gpo.gov/2007pdf/07-5453.pdf>

If you move from your current address, it is your responsibility to update us with your new address. If we are unable to locate you for collecting of a debt, your account will be placed with an outside collection agency.

### **Divorce/Minor Children**

*Who is responsible for payment of services provided to minor children when the parents are divorced?* According to the law, both parents are legally responsible.

Because Family Care Center will not become engaged in a dispute for payment of these services, the parent who consents for treatment will be held legally responsible for payment of any services provided to the minor child.

## **Insurance**

If we do not participate with your insurance plan, we will bill your services as a courtesy. Please understand that you will still be responsible to pay for your services at the time they are rendered.

If we participate with your insurance plan, we will bill your services to them. In the event that your insurance coverage changes to a plan that we do participate with, please refer to the above paragraph.

Family Care Center does not currently participate with the following Medicaid Plans (Molina Healthcare, Community Choice Michigan, etc...). Services provided to patients who are enrolled in any state funded Medicaid plan that we do not have a participation agreement with will be self-pay for any services provided to them at our office. *We do participate with straight Medicaid and Priority Health Medicaid, however are not accepting new Medicaid patients.*

*Family Care Center is **no longer** accepting new Medicaid patients. Existing patients who become eligible to enroll in Medicaid will **not be expected** to find another physician. Family Care Center will not retroactively bill Medicaid for any new patient services as we are not accepting new Medicaid patients. If you become eligible for Medicaid after you become established to the practice, we will accept and bill Medicaid as long as it is a Medicaid plan we participate with.*

In order for us to accurately bill your insurance company, we need to have a copy of your most recent insurance card scanned into our computer. We reserve the right to ask you for your insurance card upon each visit.

Please understand that perhaps all or some of your service may not be covered by your insurance carrier or may not be considered medically necessary. If you question your healthcare benefits, please contact your insurance carrier directly. It is not the responsibility of Family Care Center to know your insurance carrier benefits.

## **Deductible/Copayments & Non-Covered Services**

Family Care Center requires full payment from you at the time your service is rendered for copayments, deductibles and non-covered services.

### **Missed/Canceled Appointments**

Family Care Center has updated its financial policy relating to no-shows and late cancellations. Prior to March 1, 2016, the fee was \$60.00 for no-shows and late cancellations.

Beginning March 1, 2016, there will be a \$25.00 charge for a 15 minute appointments when you no-show or do not provide 24 hours notice for a cancellation. If you have a 30 minute appointment, the charge will be \$50.00.

### **Examples of 15 or 30 minute appointments:**

15 Minute Appointments: Sick Visits, follow-up visits for one condition, Well-Child Visits 10 months and older.

30 Minutes Appointments: Annual Physical Exams, IUD Insertions, Well-Child Visits for children under 10 months old, New Patient Visits, follow-up visits for more than one chronic condition.

Three no-shows or late cancellations in a one year period could result in dismissal from the practice.

We understand that life happens and we are generally understanding under some circumstances. Please respect our provider's time and give twenty-four hours notice for us to fill your appointment slot if you are unable to make it.

If you are more than 10 minutes late for your appointment, we may request that you reschedule.

### **Billing Fee**

If you do not pay your copayment at the time of service and we have to bill you, you will be charged a billing fee of \$20.00. You will have until the end of the business day on the date of your appointment to pay your copayment and avoid the billing fee of \$20.00.

### **Refunds**

If you have a patient credit on your account, it will be refunded to you within 90 days of the credit becoming due you. If you are aware that you have a credit and wish to keep it on your account for future out of pocket expenses, please contact the office.

### **Patient Balances after Insurance**

After your insurance company responds to your claim with either a payment or denial, the self-pay balance that will be billed is due upon receipt of your statement. All patient balances are due in full within 30 days after you receive your first statement.

### **Returned Checks**

If we receive your check back from our bank indicating non-sufficient funds or closed account, there will be a charge of \$25.00 to you to cover our bank fees. If you make a habit of writing checks which do not have funds to cover them, you may be asked to pay "cash only".

### **Bad Debt Accounts**

If after 60 days, you fail to satisfy payment on your account and do not contact us to make arrangements for payment; your account may be placed with Account Receivable Solutions to collect your debt on our behalf. If your account is placed in an outside collection agency, you will be notified by certified letter that you have been discharged from the practice and have 30 days to find a new physician. We will only provide emergency care to you during this 30 day transition period. A copy of your medical records will be forwarded to a physician of your choice once a medical records release form is signed by you and sent to us. Please allow 30 days for your records to reach your new physician.

### **Form Fees**

Effective, April 1, 2008 Family Care Center will charge a fee of \$20.00 for forms that needs to be filled out by the provider unless you are scheduling an office visit to complete the form. If you are dropping off, mailing, or faxing forms for completion, you will be expected to pay this fee at time of pick up.

Exceptions: If you have a form that your insurance company is requesting your provider to fill out (Healthy Blue Living for Blue Care Network or Health by Choice for Priority Health), we will not charge for completing these forms. However, if you have not been seen in the office by one of our providers within six (6) months, you will be required to be seen prior to the form being filled out and forwarded to your insurance company. If you request a copy of your medical records for your own personal use, there will be a fee assessed. There is no fee if copies of your records are forwarded to another physician per your request.