

WILLOWBEND HEALTH & WELLNESS ASSOCIATES

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Patient Financial Policy Sheet

If you have any questions regarding these policies, please discuss them with our front office staff. We are dedicated to providing the best possible care and service to you and regard your complete understanding of your financial responsibilities as an essential element of your care. To reduce confusion and misunderstanding, we have adopted the following financial policies.

Prior to your first office visit, please complete your patient registration form completely. This form will become part of your chart. We will also need copies of your insurance card and driver's license, or other picture ID. Without this information we will not be able to file your insurance claim. [We will periodically request updates to this information] If you are unable to provide proof of insurance coverage, payment in full will be required at the time of service. An attempt will be made to verify all insurance coverage. Should a financial consultation be needed, it will be conducted before your office visit. **Important: It is your responsibility to insure that your physician is under contract with your medical insurance plan and that your coverage is in effect.**

Unless other arrangements have been made in advance by either you or your health insurance carrier, all payments are due at the time of service and it is the responsibility of the patient (If the patient is a minor, then the guardian is responsible for the payment). For your convenience we accept Visa, MasterCard, Discover and American Express.

PATIENTS WITH MEDICAL INSURANCE

- ✓ All insurance patients must bring their insurance card, co-payments and/or deductibles to the office visit. Patients will be asked to present their insurance card at each office visit. Without these documents your appointments may be rescheduled.
- ✓ We have made prior arrangements with many insurers and health plans to accept an assignment of benefits. This means that we will bill those plans for which we have an agreement and will only require you to pay the authorized copayment and coinsurance at the time of service. Our office policy is to collect this copayment when you arrive for your appointment.
- ✓ If you have insurance coverage with a plan for which we do not have a prior agreement, we will prepare and send the claim for you on an unassigned basis. This means that your insurer will send the payment directly to you. Consequently, the charges for your care and treatment are due at the time of the service.
- ✓ In the event your health plan determines a service to be "not covered," you will be responsible for the complete charge. Payment is due upon receipt of a statement from our office.
- ✓ Any patient responsible balance due for surgery must be paid in full before the Pre-Operative visit.
- ✓ We will bill your health plan for all services provided in the hospital. Any remaining balance due is your responsibilities and is due upon receipt of a statement from our office.
- ✓ Patients who forget their co-payment or deductible will incur an additional \$5.00 billing charge.
- ✓ Willowbend Health & Wellness allows your insurance carrier 45 days to reimburse our office for services rendered; if we do not receive payment within 60 days, a statement will be sent to you for the balance.
- ✓ Your insurance contract is between you and your insurance company. It is your responsibility to contact your insurance with any fee or payment disputes.

PATIENTS WITHOUT MEDICAL INSURANCE

- ✓ Patients with no medical insurance coverage are required to pay for their office visit in full at the time of service. A financial consultation with our business office may be held prior to the rendering of medical care.
- ✓ Should payment arrangements be necessary, a payment contract will be developed. The payment contract will discuss: Deposits, monthly payments, rebilling/delinquent charges, collection charges, collection agency use, and payment methods. (Monthly payments will be a minimum of \$25.00 and a maximum equal to a zero account balance three (3) months from the date of service. Multiple payment plans may be necessary for multiple services.)

MINOR PATIENTS

- ✓ For all services rendered to minor patients, we will look to the adult accompanying the patient and the parent or guardian with custody for payment.

DIVORCE

- ✓ In case of divorce or separation, the party responsible for the account prior to the divorce or separation remains responsible for the account. After a divorce or separation, the parent authorizing treatment for a child will be the parent responsible for those subsequent charges. If the divorce decree required the other parent to pay all or part of the treatment costs, it is the authorizing parent's responsibility to collect from the other parent.

WAIVER OF CONFIDENTIALITY

- ✓ You understand if this account is submitted to an attorney or collection agency, if we have to litigate in court, or if your past due status is reported to a credit reporting agency, the fact that you received treatment at our office may become a matter of public record.

NON SUFFICIENT FUND CHECKS

- ✓ There is a \$35.00 charge for insufficient funds or returned checks.

Additional finance charges may be applied to delinquent, unpaid and collection accounts, NSF checks, missed payments on your payment contract and interest charges to unpaid account balances when appropriate.

Please feel free to contact our billing office with any questions regarding your statements or insurance. Business hours are 8:30 A.M. to 4:30 P.M. Monday through Thursday and 8:30 A.M. to 12:30 P.M. on Fridays. You may leave a detailed message with our voice mail system. Your call will be returned as soon as possible. (972)495-6492

I have read and understand the financial and office policies of Willowbend Health & Wellness Associates, and I agree to be bound by its terms. I also understand and agree that the practice may amend such terms from time to time.

Printed Name of the Patient

Printed Name of Responsible Party if a Minor

Signature of Patient or Responsible Party if a Minor

Date