



## *CENTER FOR FAMILY MEDICINE, P.A.*

Welcome to Center for Family Medicine. We want to thank you for choosing us as your healthcare provider. In an effort to provide the best care possible, we would like to take a moment and explain a few of our policies.

### **Updating Information**

Please be sure we have the most current demographic and insurance information at all times. You will be asked to sign in with your name, address, phone number, and insurance at each visit, as well as complete a new demographic sheet on a yearly basis. Filing claims with incorrect information delays processing and increases patient liability. Please note if you fail to give us updated insurance information at the time of your appointment, we will not be able to file your claim to the correct company after 30 days from the date of your visit.

### **Appointments**

We understand that your time is valuable and we do our best at keeping the schedule running smoothly and on time. Out of respect for all patients we ask that you be on time for each appointment. Any patient who arrives greater than 10 minutes past their scheduled appointment time will be asked to reschedule for a different day.

Should an emergency arise, we ask that you be patient as we do our best to handle the situation and return to seeing patients as scheduled. Unfortunately, it may be necessary for us to reschedule appointments unexpectedly, should this occur we will do our best to notify you as soon as possible and reschedule at the next earliest time.

Should you need to cancel or reschedule an appointment, please contact the office as soon as possible; 24 hours' notice is appreciated. Failure to notify the office prior to your scheduled appointment 3 times could result in you being dismissed from the practice. A \$50.00 no show fee will also be assessed. This fee is not payable by insurance and therefore will not be filed; the patient will be responsible for payment.

### **Medication Policy**

All medications should be taken as prescribed by medical providers. Patients should use one pharmacy for their medications and refills. Please contact your pharmacy to refill all prescriptions. Please allow 3 working days for all written prescriptions. Center for Family Medicine does not prescribe long-term narcotic pain medications.

**If you fail to keep your follow up appointments, you may not be able to receive your medication refills.**

### **Preventive vs. Problem Visit**

A preventive service, such as a well man or well woman exam, is a service provided to screen for various illness and disease. A problem visit is one when the patient has a specific concern, symptom, or complaint.

Some insurance carriers only cover services for preventive visits, while others may only cover services for problem visits. **We recommend that you contact your insurance carrier prior to each visit and inquire about the type of benefits you have.** The more familiar you are with your benefits the less likely you will have unexpected financial responsibility. Payment is due at the time of service, according to your current insurance benefits, this could include copays, deductibles, and co-insurance amounts.

### **Medicare**

We are always glad to see Medicare patients. In an effort to help avoid unexpected expenses we would like to explain a little about Medicare. Medicare will cover for one well exam visit. This is called the "Welcome to Medicare Physical" and must be completed within 6 months of becoming Medicare eligible. Medicare only covers certain preventive services and applies frequency limitations to those services. Medicare will cover the collection of a pap smear and the breast and pelvic exam once every 24 months. If you choose to have these services more

frequently, you will be responsible for payment. Keep in mind, whatever Medicare does not approve, then any supplemental insurance will not cover either. Secondly, Medicare never covers the office visit of an annual well exam; the patient will be billed for this charge. Third, we are required by federal law and Medicare guidelines to charge all patients the same amount. Should you have concerns about payment for your services, please speak with our billing department prior to your visit.

### **Non-covered Services**

A non-covered service is any service that is denied by your insurance carrier due to benefit descriptions or limitations, policy exclusions, or pre-existing waiting periods. Non-covered services will be the responsibility of the patient and payment is due at the time of service. Please contact your insurance carrier and inquire about any service that may not be covered. If you receive a service that is considered non-covered by your insurance plan, you will be expected to make payment in full for all charges.

### **Payment**

Any copay, deductible, or co-insurance is due at the time of service. Outstanding balances are due in full upon receipt of statement. If you are unable to make payment in full you must contact our billing department prior to scheduling any future appointments to make payment arrangements.

### **Claims Filing**

We are obligated to file claims for you with all contracted insurance companies.

Secondary insurance plans can be of great assistance in the payment process. We will file co-pay, deductible, and co-insurance amounts to your secondary carrier. Also, if you have multiple insurance carriers, please make sure each carrier is aware of the other and you provide us with accurate information. An insurance carrier in the patients name is always primary; you may not choose which carrier to use as primary vs. secondary.

We will not get involved with Workers' Comp insurance. If you want to be seen here by your physician you must sign a waiver and you will be considered a private pay patient. All charges must be paid in full at the time of service.

If you are involved in a motor vehicle accident we will provide you with services. However, we will not file any claims to your motor vehicle insurance for any reason and we do not become involved in any ongoing investigations. You do have the option for us to bill your primary insurance carrier. If you do not choose to do this you will be responsible for all charges.

### **Referrals/Authorizations**

Should your insurance company require a referral or authorization, it is your responsibility to obtain one prior to any appointment.

### **Labs**

When you have blood work, biopsy, culture, or a pap smear done, we may send the specimen to an outside lab. Lab tests will be billed by the appropriate lab. We do our best to forward the most current insurance information we have on file with each specimen. Occasionally this information does not forward properly. Should you receive a bill from the lab due to incorrect information, simply call the lab and provide your current insurance information.

**Responsible Party/Minors**

The patient will be considered as the responsible party for payment purposes. If the patient is under the age of 18 the parent/guardian authorizing care will be responsible for payment of services. If a patient is over 18, regardless of who holds the insurance policy, the patient will be responsible for payment of services.

**Refunds**

Should your insurance process your claim differently than quoted or expected, any refund due to you will be issued after all outstanding claims have been processed and there are no upcoming appointments within the next 6 months. This policy is designed to reduce administrative work associated with refunding money and subsequently billing for new balances. A patient with an account credit greater than the amount due should not have additional monies collected, or only the difference between amount due and credit balance.

**Returned Payment**

Payment is accepted in the form of cash, check, money order, or credit card. We will take credit card payments by phone. Should a payment be returned for any reason, including but not limited to, insufficient funds, stop payment, or closed account, the patient will be liable for the original amount plus any NSF fees. Our current NSF fee is \$30.00.

**Medical Records**

All medical records must be requested in writing. One copy of a patient's medical record will be furnished free of charge upon request. For each subsequent request/copy there will be a \$25.00 charge for the first 20 pages, and \$.50 per page for each additional page. We suggest if you are seeing multiple physicians or transferring care that you retain a copy of your records and make duplicates on your own.