

Bowling Green Family Physicians, Inc.

Financial Policy

Patient and insurance responsibility for services rendered, we have been advised to develop this financial policy. Please read it, ask us any questions you may have, and sign in the space provided. A copy will be provided to you upon request.

Insurance- We participate in most insurance plans, including Medicare. If you are not insured by a plan we do business with, payment in full is expected at each visit. If you are insured by a plan 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 your coverage. Knowing your insurance benefits is your responsibility. Please contact your insurance company with any questions you may have regarding your coverage.

Co-payments and deductibles- All co-payments and deductibles must be paid at the time of service. Failure to pay at the time of service will result in a \$10.00 fee. This arrangement is part of *your* contract with *your* insurance company. Failure on our part to collect co-payments and deductibles from patients can be considered fraud. Please help us in upholding the law by paying your co-payment at each visit.

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 medically necessary by Medicare or other insurers. You must pay for these services in full at the time of visit.

Proof of insurance- All patients must complete our patient demographic form before seeing the doctor. We must obtain a copy of your driver's license and current valid insurance to provide proof of insurance. If you fail to provide us with the correct insurance information in a timely manner, you may be responsible for the balance of a claim.

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. Your insurance benefit is a contract between you and your insurance company; we are not party to that contract.

Coverage changes- If your insurance changes, please notify us before your next visit so we can make the appropriate changes to help you receive your maximum benefits. If your insurance company does not pay your claim in 60 days, the balance will automatically be billed to you.

Nonpayment- Unpaid balances will incur a 2% finance charge 24% APR. If your account is over 90 days past due, you will receive a letter stating that you have 15 days to pay your account in full. 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 and you and your immediate family members may be discharged from this practice. If this is to occur, you will be notified by regular and 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.

Bankruptcy- If you file bankruptcy and include this office as a creditor, you may be discharged from this practice. If this is to occur, you will be notified by regular and 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.

Non-Sufficient Funds- If a check is returned to our office unpaid there will be a \$30.00 fee assessed to your account. After a second check has been returned unpaid, your account will be considered as “CASH ONLY” and we will only accept cash or credit card as payment.

Missed appointments- Our policy is to charge \$20.00 for missed appointments not canceled within a reasonable amount of time. These charges will be your responsibility and billed directly to you. Please help us to serve you better by keeping your regularly scheduled appointment.

Auto Accidents- If you have Medicare, Medicaid or Paramount health insurance, claims will be sent to these insurance companies. You will be responsible for any balances the insurance company does not cover due to an auto accident. All other health insurance plans will be required to pay in full at the time of service. We will provide you the necessary documentation to file with the auto insurance company.

Worker’s Compensation- We do not see Worker’s Compensation patients in the office. Any work related injury will be referred elsewhere.

Miscellaneous Forms- Our policy is to charge \$10.00 to fill out miscellaneous forms that are not completed during an office visit.

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

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

Signature of patient or responsible party

Date

Print patient name