

Plumsteadville Family Practice

Payment Policy

Thank you for choosing Plumsteadville Family Practice as your primary care provider. We are committed to providing you with quality and affordable health care. Please review our financial and payment policies below and keep this copy for your records.

Insurance: We participate in most insurance plans including Medicare. If you are not insured by a plan we participate with, a payment in full is expected at each visit. If you are insured by a plan we participate with but you do not have an up-to-date insurance card, then payment in full for each visit is required until we can verify insurance coverage. Knowing your insurance benefits is your responsibility. Please contact your insurance company with any questions you may have regarding your coverage.

Co-payments: All co-payments must be paid at the time of service. This arrangement is part of your contract with your insurance company. Failure on our part to collect co-payments from patients can be considered fraud on your part. Please help us uphold the law by paying your co-payments at each visit.

Non-covered services: Please be aware that some, and perhaps all of the services you receive may not be covered or not considered reasonable or necessary by Medicare or other insurance companies. You are responsible for payment of these services in full at the time of the visit or as soon after the insurance company determines what is or is not covered under your policy.

Proof of Insurance: All patients must complete our patient information form before seeing a provider. We must obtain a copy of your current valid insurance card 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 to them. 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. I hereby authorize the release of any medical information necessary to process these insurance claims or for determination of benefits payable for services. I request that payment of authorized medical benefits be made on my behalf to Plumsteadville Family Practice for any service furnished to me by this office.

Coverage Changes: If your insurance changes, please notify us before your next visit so we can make appropriate changes to help you receive your maximum benefits. If your insurance company does not pay your claim in 45 days, the balance will automatically be billed to you.

Non-payment: Partial payments are not accepted unless arrangements are made with our billing department. 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 in writing by certified mail that you have 30 days to find alternative medical care. During that 30-day period our providers will only be able to treat you on an emergency basis.

Missed appointments: Our policy is to charge for missed appointments not canceled within 24 hours of the scheduled time. These charges will be your responsibility and billed directly to you. Please help us to serve you better by keeping your regularly scheduled appointments. If you miss three scheduled appointments, you and your family may be dismissed from the practice, will be notified as such by our office and you will be asked to find another provider.

School/Miscellaneous Form Fee: Due to the increased number of patient forms requiring medical information and a provider's signature we find it necessary to charge a minimal fee to complete a form that is not provided at the time of your appointment. This would include work, school, sports, disability, and FMLA forms. The general fee structure is \$5 for a short, minimal form; \$10 for moderate length form; \$15 for an extensive, several page form. The fee will be determined by the provider who is filling out the form and the fee must be paid when the completed form is picked up at the front desk. We request a minimum of 48 hours to process all forms.

Bounced Checks: Our policy is to contact you in the event that a check is returned by the bank for insufficient funds. You will be immediately responsible for paying the balance on the account plus a \$35 bounced check fee to cover the expenses charged by the bank. The balance, plus the fee, can be paid by cash or credit/debit card.