

## **Welcome**

The staff at AFPS thanks you for the opportunity to work with you and assist with your health care needs. Our goal is to give you the best possible care so you may enjoy a lifetime of good health. We have our financial policy in writing so that all patients understand our billing and collection procedures.

We ask that all patients read and sign our financial policy on an annual basis.

A copy of the policy is provided to you.

## **Patient Information**

**Account Statements:** You will receive your account statements monthly. Any amount not covered by your insurance company will appear in the patient responsibility section of the statement.

**Patient Information Forms:** You will be asked to sign the authorization portion of your patient information sheet. The authorization allows our clinic to release medical information about your condition that is necessary for your treatment or to assist in obtaining payment for the services provided to you. It also provides for the payments of benefits directly to us.

**Medical Records:** Your medical records are held in strict confidence. Information will not be provided to a third party, such as an attorney or insurance company with the exception of Workers' Compensation carriers, unless we have written authorization from you in our office. If you wish to have information about your condition provided to your attorney, he should request the information in writing and provide us with a written authorization signed by you. Since the gathering and organizing of information takes time, we charge for this.

**Advise the receptionist when you come in of any changes in your address, phone number, marital status, etc., that occur during your treatment.**

## **Insurance**

It is the Patient responsibility to have their insurance card at each visit and to know the details of their insurance plan. Failure to bring a current, up-to-date insurance card requires payment in full of the services provided that day.

As a courtesy to you, it is our policy to submit claims to your insurance company. We participate in most insurance plans however, it is your responsibility to check the benefits of your plan. If one of our providers is not covered by your plan you may have a higher out of pocket expense. In addition not all services we provided are covered benefits in all insurance plans. Services not covered by your insurance plan are your responsibility.

**Co-Payment, Co-Insurance, and Deductibles:** Your insurance plan is a contract between you and your insurance company. As part of your insurance contract we are required to collect co-payments, co-insurance and/or deductibles at the time services are provided. If a child is the patient then whoever brings the child into the office is responsible for paying their bill, regardless of who is legally responsible for the child's medical care.

If there is a balance after receiving response from your insurance plan we expect you to pay the balance in full within 30 days. If payment is not received within 30 days and our billing representative has not been contacted for payment arrangements then your account might be turned to collections.

**Patients with No Insurance:** If a patient does not have insurance we expect full payment at the time of service.

**Payment Plans:** If you are unable to pay your balance please talk to our billing department regarding payment plans. Payment plans require a specific payment amount on a specific due date. In the event you do not make payment on time the agreement is null and void and we expect payment in full within 30 days of the missed due date. If payment is not received after 30 days your account may be turned to our collection agency.

**Financial Assistance:** We offer a sliding fee program. Please contact our billing department at extension 25 to check eligibility.

**Workers' Compensation:** Special procedures are required for Workers' Compensation claims. We will submit these claims directly. It is understood that you are not personally responsible for payment of medical services you receive in connection with a **confirmed** Workers' Compensation injury. Please be advised, however, you will be asked to provide your private insurance information. We require this information in the event you should need future services for a problem unrelated to work or if your Workers' Compensation claim is denied.

**Lawsuits:** It is important for you to understand that a liability action against someone else does not require us to accept a delay in the payment of your bill. Payment is the responsibility of the individual who has received treatment, not the party who is being sued. For this reason, as well as the fact that lawsuits may go on for an extended period of time, we reserve the right to request prompt payment of any outstanding balance, to accrue interest at a rate of 1.5% monthly on any outstanding balance, or do both.