

Mill Creek Family Practice - Statement of Responsibility

Our practice is committed to providing the highest quality of care to our patients. In order to do this, we must maintain excellence in the clinic, as well as in our business office and other areas of the practice. Medical costs continue to increase, and reimbursements continue to decline so it is our policy to effectively manage our patients' accounts to minimize the cost increases which directly impact you, the patient. The purpose of the policy is to provide guidelines and specific instructions related to gathering and maintaining accurate patient information, billing for services rendered, and efficient collection activity. Please note, these instructions may be modified periodically to ensure we maintain efficient and appropriate protocols related to the business office function.

Self-Pay Financial Policy - Mill Creek Family Practice (MCFP) requires a fee to be paid before being seen by the provider for new and established patients. If additional services, not included in the upfront cost are necessary, additional charges will be discussed with patient before treatment is given. Patients are responsible for these charges at time of service. Treatment will not be administered to any patient whose balance exceeds \$100.00, except for medical emergencies. Our fees are based upon the AMA's determination of reasonable and customary charges for this area.

Commercial Insurance Financial Policy

- MCFP accepts most major insurance including (but not limited to) BCBS, Medicare, Tricare, United Healthcare, Humana, Aetna, & Cigna. Please ask if you have questions regarding a specific insurance company.
- Medicare requires that you pay a deductible per calendar year. We must collect any outstanding deductible due on the day that services are rendered.
- Please understand that your insurance coverage is YOUR coverage. It does not release you from any financial obligation for the services we render to you. You must provide our office with a copy of your insurance card prior to treatment. Some insurance companies require a referral/prior authorization from your primary care provider. Please be aware of this and make sure we have the referral/prior authorization prior to date of treatment. We require that you pay your co-pay, co-insurance, or outstanding balance at the time of service. A patient's outstanding balance shall not exceed \$100, or your professional care may be terminated.

Policy for Workman's Compensation - We do not participate in reimbursement from Workman's Compensation. However, we will still treat you as a patient, but payment will be expected at the time of service and will be patient's responsibility.

Policy on Automobile or Personal Injury Cases - You are responsible for the payments of services rendered from our practice for injuries suffered in an auto accident or personal injury event.

Missed Appointment/No-Show

If you miss your scheduled appointment and have not cancelled within 24 hours, our policy is as follows:

- 1) The first no-show will be a warning, noted in your chart, and you will be mailed a letter.
- 2) The second no-show will be a \$50 fee – you will be mailed a letter. These charges are your responsibility and will be billed directly to you. This must be paid prior to future appointments.

Miscellaneous - For your convenience, we accept cash, check, and credit cards (MC and Visa). We require that any amount due be paid at the time of check-in in order to expedite the checkout process. The fee for a returned check is \$25. Checks will no longer be accepted from anyone who has a returned check. Any patient with an account balance over 90 days past due will be turned over to an outside collection agency.

Medical Policies - MCFP does not provide chronic pain management services. We will be happy to provide a referral for these services. For prescription requests, please contact your pharmacy – these may not be filled on the same day. Please be aware that to render services, patients need to be seen at least one time a year in the office. There are certain circumstances (maintenance medications, lab results) that require a patient to be seen every month, three months, six, or 12 months. Your provider will discuss these options with you. Medicare covers a "Welcome to Medicare" preventive visit once within the first 12 months (Part B). However, you may have to pay coinsurance, and the Part B deductible may apply if additional tests or services are performed during the same visit or the preventative benefits don't cover these additional tests or services.

Signature Required

I, _____, have read the above policies and procedures regarding my responsibility to MCFP for providing medical services to the above-named patient or myself. I authorized my insurer to pay any benefits directly to MCFP. I agree to pay MCFP in full the entire amount of all bills incurred by me or the above name patient. If I choose not to pay my outstanding debts, I am aware that I am liable for all collection and/or attorney fees.

Patient Name: _____ Patient Signature: _____ Date: _____

Legal Guardian/Parent: _____ Relationship to Patient: _____