



**Complete**

**Family Medicine**

A service of Hannibal Regional

## FINANCIAL POLICY

Dear Patients,

Since the founding of this practice, we have always offered the best medical care possible. In order to continue to do so, we have implemented a Patient Financial Policy that is outlined in this document.

We send monthly statements to inform you of any balances due. We will also attempt to notify you of balances due when you check in at each appointment. We expect patient balances will be paid at the time of your appointment or upon receipt of our statement. **Any balances that go over 30 days past due will accrue an interest of 1.5% every month after the initial 30 days.** In order to make it easier for you, we accept cash, check, debit or credit card.

As a courtesy to our patients, we offer payment plans for high balances due. If you are unable to pay your balance in the first 30 days you may set up a 6 month payment plan to avoid interest charges being added to your balance. If you miss a payment on your payment plan, the interest will immediately begin accruing on the current balance and your payment plan will be voided. Please see the billing office to inquire about setting up a payment plan.

**We require a 24-hour notice for cancellation of an appointment. There will be a \$15 fee added to your account if you fail to cancel your appointment 24 hours in advance. This fee is not payable by insurance and will be your responsibility to pay, in full, before your next scheduled appointment.**

**All balances and payment plans must be current at your next scheduled appointment or you may not be seen.**

**For Same Day Self Pay Patients:** As a courtesy for our patients, we offer a self-pay option for those who may not have an insurance option or who may choose to pay in full on the day of service. These patients are required to pay a \$50 copay before they are seen. **These patients will receive 50% off the price of services rendered when paid in full on the same day of service.** For large balances, we can set up a 6-month payment plan as well but you will not get the 50% discount and the account **must** be paid in full in order to be seen in any of our offices again. If you are unable to pay at in full on the date of service, you will be sent a statement for the **full** amount of the visit.

**For Commercial insurance Patients:** We require that you bring your insurance card with you to each appointment in our office so that we can be sure that we have correct insurance information on file. As a courtesy to you, we will file a claim with your primary and secondary plans. If your plan has a copay, we expect payment upon check in for visits. When primary

and secondary plans have paid their portion of the charges, the remainder will become the patient's balance and will be indicated on the statement you receive from our office. You may be responsible for a deductible or coinsurance depending on your policy. We are unable to offer a discount on your deductible or coinsurance amount due to contractual agreements with your insurance company.

If you choose not to have us file the claim with your insurance company, the balance of the visit becomes your responsibility and must be paid on the date of service, please see the Same Day Self Pay section above. You must make this decision at the time of your visit: we cannot go back and bill your insurance for you after the date of service. At the end of your visit you will be provided with a detailed receipt marked PAID that you may then forward on to your insurance company if you so choose. This amount may still be applied toward your deductible.

We must inform patients that any questions regarding coverage, benefits, or payment for services provided, is the patient's responsibility to resolve with your insurance company.

**For Medicaid Patients:** If a copay is required, we request that you pay your copay at the time of your visit. You will also be responsible for any spenddown amount on the day of service. These are contractual agreements that we have to abide by in order to stay within the guidelines of Medicaid. If your Medicaid is not active on the date of your visit, you will be considered Same Day Self Pay. See above for more information.

**For Medicare Patients:** As a courtesy to our Medicare patients, we submit claims electronically to Medicare on a regular basis as well as to secondary coverage policies. We require that you bring your Medicare and secondary insurance cards with you to each appointment. If you have no secondary coverage, we require a copay of \$13.40 at the time of visit. Your copay is only an estimate and a balance may remain after the claim has been processed. If this is so, we will send you a statement for the remaining balance.

**For Workman's Comp Claims:** It is the patient's responsibility to give CFM the contact information for the patient's employer. If the workman's comp insurance company does not pay charges, the remaining charges will become the patient's responsibility.

This financial document cannot predict every circumstance or question about our policy. As we continue to grow and/or business needs and economic conditions change, we reserve the right to revise, supplement or rescind any policy or portion of this document at anytime.

**ANY PATIENT MAY BE REFUSED SERVICE FOR ANY REASON, INCLUDING, BUT NOT LIMITED TO, A BALANCE ON THEIR ACCOUNT, A DELINQUENT PAYMENT PLAN STATUS, OR A COLLECTIONS NOTICE.**

Any questions regarding our financial policy should be directed to our Billing Department at 660-665-7575 Monday – Friday 8am-5pm.

Sincerely,

*The Staff at Complete Family Medicine*