

LAKESHORE FAMILY MEDICINE PATIENT FINANCIAL POLICY

Thank you for choosing Lakeshore Family Medicine as your health care provider. We are committed to building a successful physician-patient relationship with you and your family. Your clear understanding of our Patient Financial Policy is important to our professional relationship. Please understand that payment for services is a part of that relationship. Please ask if you have any questions about our fees, our policies, or your responsibilities. It is your responsibility to notify the office and or billing company of any patient information changes (i.e. address, name, insurance information, phone numbers etc.)

CO-PAYS AND DEDUCTIBLES

All co-payments and past due balances are due at the time of check-in unless previous payment arrangements have been made with a billing coordinator. We accept cash, check or credit cards. Absolutely no post-dated checks will be accepted. A \$5.00 processing fee will be assessed if you cannot make your co-pay at the time of service/appointment.

Please contact your insurance company for additional information and clarification on what types of appointments and provider visits require co-payments. Some provider services such as nurse visits, EKG's and blood pressure checks require further co-payments at the time of service rendering. Please review your insurance benefit policy to fully understand your financial responsibilities.

INSURANCE CLAIMS

Insurance is a contract between you and your insurance company. In most cases, we are NOT a party in this contract. We will bill your primary insurance company as a courtesy to you. In order to properly bill your insurance company we require that you disclose all insurance information including primary and secondary insurance, as well as, any change of insurance information. Failure to provide complete insurance information may result in patient responsibility for the entire bill. Although we may estimate what your insurance company may pay, it is the insurance company that makes the final determination of your eligibility and benefits. If your insurance company does not pay for any of your services performed at our office, you may be responsible for the complete balance of the non-payable services. If we are out of network with your insurance company and your insurance pays you directly, you are responsible for payment and agree to forward the payment to us immediately.

SELF PAY/PRIVATE PAY

All self pay or private pay patients are required to pay for their office visit in full on the date of their appointment. Cash, check and credit card payments are accepted at the time of the visit.

WORKERS' COMPENSATION AND AUTOMOBILE ACCIDENTS

In the case of workers' compensation injury or automobile accident, you must obtain the claim number, phone number, contact person and address of the insurance carrier prior to your visit. If this information is not provided, you will be asked to reschedule your appointment or pay for your visit at the time of service.

MISSED APPOINTMENTS

We require 24-hour notice of appointment cancellation. Appointments missed that are not previously canceled outside the 24-hour notice will be charged a fee of \$50.

RETURNED CHECKS

The charge for a returned check is \$40 payable in cash, credit card or money order. This will be applied to your account in addition to the insufficient funds amount. You may be placed on a cash only basis.

MINORS

The parent(s) or guardian(s) who brings the child to the office is responsible for full payment and

will receive the minor's billing statements. A signed release to treat may be required for unaccompanied minors.

ADDITIONAL FEES

Please note there is a \$10 fee for forms 1-5 pages and \$20 fee for forms 6 pages or more for all forms filled out by Lakeshore Family Medicine. Additionally, copies of records or forms will be assessed at \$0.75 a page.

OUTSTANDING BALANCE POLICY

It is our office policy that all past due accounts be sent two statements. If payment is not made on this account, a single letter will be sent to try to establish payment arrangements. If no resolution can be made, the account will be sent to a collection agency and/or attorney. Possible discharge from the practice may occur with a 30 day notice should the payment in full or payment arrangements not be met. In the event an account is turned over to collections, the person financially responsible for the account will be responsible for all collection costs including attorney fees, court costs and an additional \$50 collections fee.

PAYMENT ARRANGEMENTS

Payment arrangements can be made at any time. Arrangement options include auto-debit card schedules via our Net Deposit credit card processing system, or agreed upon "in-office" payments approved by the medical practice management. Please note all payment arrangements must be honored as outlined in the payment arrangement agreement between you and the medical office and the billing company. Failure to honor your payment arrangement can/will result in further action from the medical office up to and including discharge from medical services post 30 day notification period.

Please note that all agreed upon and approved payment arrangements will require our office or billing company to maintain a credit card number within our secured credit card processing tool. Should a payment installment not be made on the required date, Lakeshore Family Medicine reserves the right to run a payment transaction for the amount of the missed payment or in some cases the entire amount of the owed patient balance.

COLLECTION COMPANY POLICY

In the event that the payment has not been made on your account or payment arrangements have not been honored as agreed via the OUTSTANDING BALANCE and PAYMENT ARRANGEMENTS POLICIES, Lakeshore Family Medicine may enter into an agreement with a 3rd party Collection Agency to obtain the financial debt owed to the medical practice. Note, during this period the ability to obtain medical services will be honored through Lakeshore Family Medicine, however further payment on outstanding debt will be required in addition to current co-pay's, co-insurance and/or deductible balances. If payments can not be honored, Lakeshore Family Medicine reserves the right to discharge the patient from the medical practice via notification letter announce the intend to discharge, as well as provide the patient 30 days to find primary care from another provider not associated with Lakeshore Family Medicine.

In the event there are unforeseen financial circumstances (hardship or bankruptcy); appropriate documentation must be provided to the office staff and management for review. The office and billing company collection efforts will be modified in accordance to the hardship agreements and/or bankruptcy notifications. Please note that both hardship and bankruptcy status can result in discharge from the practice via the 30 day notification process.

Medical Office Information:
Derby Office 716-947-0408
North Collins 716-337-2422
Irving 716-934-4939

Medical Office Billing:
PHYMEDCO 716-799-8035

Credit Card Payment Webster:
www.phymedco.com Click "patient payments" and follow the instructions.

November 13, 2014