

PATIENT FINANCIAL & PAYMENT POLICY

June 12, 2015

Thank you for choosing Primary Health Medical Group. Our mission is to provide the highest quality care that is convenient and comprehensive to our patients. This financial payment policy is an agreement between Primary Health Medical Group (PHMG) and you, the patient or responsible party. By signing the Patient Registration Form you are acknowledging that you understand and agree to our financial and payment policies.

Patient Responsibilities: Full payment is due at time of service for all patients who have not met their deductible or do not have insurance. You must provide us with a current insurance card and billing information at each visit. Your insurance policy is a contract between you and the insurance company. It is your responsibility to know your insurance policy and benefits and be familiar with your coverage. If pre-authorization is required by your plan, it is your responsibility to advise PHMG. You are responsible for all unpaid balances. PHMG will bill your insurance as a courtesy and make every effort to ensure claims are promptly and correctly submitted.

Occasionally, because of factors beyond our control, your insurance company does not reimburse PHMG promptly. If payment is not received from your insurance company within sixty (60) days, PHMG will request payment in full from you. All payments received from your insurance company after you have paid will be promptly refunded.

Credit & Finance Charge Policy and Agreement: I understand that I am financially responsible for all charges regardless of third-party involvement. I agree to pay any deductible, co-insurance, co-pay or any service(s) deemed a “non-covered benefit” by my insurance carrier at the time the service was rendered. **I understand that failure to pay outstanding balances within 90 days of notification of the amount due will result in submission to an outside collection agency. If your account is sent to a collection agency you may incur additional interest fess and/or legal fees.** Note: Medicare patients will *not* be charged the set up fee or finance charges.

If payment arrangements cannot be agreed upon, the amount due will be considered delinquent and may be subject to legal action or assignment to a collection agency. Additionally, failure to pay delinquent accounts may result in termination of care from PHMG. Checks or other instruments returned by a financial institution will be forwarded directly to a collection agency for collections.

Past Due Balances: Patients who have a previous collection agency balance and wish to receive service are asked to pay any new charges at the time of service in addition to paying off the old debt, except in the case of a medical emergency.

Medicare or Med Advantage Plans: PHMG bills Medicare/Med Advantage Plan when provided complete billing information. Your insurance plan may not pay for all your healthcare costs, including co-pays and deductibles. A Medicare card showing Part B coverage must be provided at the time of service. You may receive a statement for amounts not paid by Medicare. PHMG accepts Medicare assignment.

Medicaid: PHMG bills Medicaid when provided complete billing information. Proof of eligibility and Healthy Connections status will be verified at time of service. You will be responsible for payment if Medicaid denies your claim.

Worker’s Compensation: PHMG gladly assists patients with billing Workers’ Compensation insurance, however, you are responsible for ensuring that your employer submits the “First Report of Injury” or for submitting it yourself if necessary. You are responsible for the amount owed if your claim is not paid by your employer or insurance carrier. If you have personal insurance that you would like billed due to a denial by the work comp insurance, it is your responsibility to provide PHMG that information. **Medications received at a visit and not covered by Workers’ Compensation insurance will become your responsibility and cannot be billed to personal insurance.**

Consequences of Non-Payment

Past due claims will be sent to an outside billing service or collection agency.

Patients with poor payment histories may have care terminated and may no longer be able to visit our clinics.