

## **FINANCIAL POLICY**

Allbettercare Urgent Care Center, strives to provide all patients with an extraordinary patient experience. As a private organization, we rely entirely on patients and services rendered to fund operating costs. In order to provide you with the best care and services at the lowest cost possible, we provide you with this agreement to inform you of our financial policies.

### **Insurance and Claim Submission**

- It is your responsibility to understand what services your insurance does and does not cover. Due to the wide variety of insurance plans, even within one insurer, it is impossible for us to know what your insurance will or will not cover. You will be responsible for any balances dictated by your insurance (such as but not limited to: copays, deductibles, coinsurance, pre-existing condition limitations), any balances for non-covered services, balances related to failure to respond to insurance inquiries, and balances normally subject to secondary insurance which our practice does not currently accept.
- It is your responsibility to obtain all necessary referrals in advance of being seen at our practice. Failure to do so may result in higher patient responsibility for any services rendered.
- Your insurance may elect to make additional amounts “patient responsibility” after the visit. These amounts may include (but are not limited to): deductibles, coinsurance, and non-covered service balances. You are responsible for these balances as dictated by your insurance. Non-covered services are the responsibility of the patient unless specifically restricted by or subject to Medicare Advance Beneficiary Notice of Non-coverage (ABN).
- Our practice does not participate with state or federal assistance such as Medicaid, ACCESS, Gateway, etc. If you are unsure if your insurance is medical assistance, please ask – we will be happy to assist you.
- Please remember that your insurance is a contract between you and your insurer. Although we file claims as a courtesy to you, you are still responsible for payment of services regardless of the amount your insurance pays. Please contact your insurer with any questions concerning non-covered services or any other non-payments.
- You (or your authorized representative) agree to assign to AllBetterCare any and all health care benefits to which you are entitled under any policy of insurance, including but not limited to workers’ compensation and Medicare, and authorize to the extent permitted by law, payment of those benefits to AllBetterCare for any treatment rendered or directed by AllBetterCare.
- If you have multiple insurance coverages, it is your responsibility to know and to inform your respective insurance companies as to which insurance plan is primary and which is secondary. We will bill your insurances as you inform us. We do not know which insurance is primary and which is secondary. If your insurance rejects your claim due to “coordination of benefits”, you will be responsible for any balances until the issue is resolved. If your balance exceeds 90 days, your account will be transferred to a collection agency.
- Returned checks will be assessed a fee of \$30.00.
- If correct information is not submitted within a timely manner, outstanding balances will become patient responsibility. Please be advised that if claims are not submitted to the correct insurers in a timely manner, your insurer has the right to deny your claim.

If there is a balance remaining after your insurance pays, you have 30 days to make payment on the invoice. After 30 days, your account is considered “past due”. Payment arrangements may be made in

special circumstances, and it is your responsibility to contact our billing office to make these arrangements. If arrangements are made, it is your responsibility to know your due dates, which will be determined at the time the arrangement is set up. If one payment is missed, the arrangement will be considered null and void, and all balances will be due in full.

- outstanding balance is in excess of 90 days old, the account will be forwarded to a collection agency.
- Questions or concerns regarding your Explanation of Benefits (EOB) may be submitted to our billing office.
- Statements will be mailed to the address on file notifying you of outstanding balances. If this information has not been updated with us, we are not responsible for un-received statements. Attempts to obtain correct addresses are made for all returned statements. You are still responsible for balances in timely manner regardless of receipt of statement. No more than two (2) statements will be mailed.

#### **Auto and Workers' Compensation Claims**

- Auto claims should be filed through the patient's auto insurance. Workers' Compensation claims should be filed through your employer's workers' compensation insurer. Claim numbers are required within 24 hours of the visit. If this information is not provided at the time of the visit or within 24 hours, you will be responsible for any outstanding balances. Please also provide Health Insurance at time of service.

#### **Financial Responsibility Regarding Minor Patients**

- Parent(s) or guardian(s) accompanying a minor are responsible for providing accurate insurance information and are financially responsible for any balances due at the time of service.
- If a minor has more than one parent or guardian, both/all are jointly responsible for any balances incurred by the minor.
- Parent(s) or guardian(s) must have Authorization for Medical Treatment on file for each visit if minor is unaccompanied, or accompanied by person(s) not the minor's parent(s) or guardian(s). Payment for any balances due at time of service must be provided on behalf of the minor.

#### **Collection Proceedings**

- Accounts that are 90 days past due may be submitted to our collection agency,
- Accounts submitted to the collection agency will incur a \$50 collection fee to the total balance due. Families with multiple accounts will incur a fee for each account submitted.

SIGNATURE \_\_\_\_\_

DATE \_\_\_\_\_

