

Wellness Family Medicine FINANCIAL POLICY

Your Plan	What You Do	What We Do
Medicare	Pay your deductible (\$147 for 2013) and co-insurance (20% of the allowable.)	We will file Medicare for you.
Medicare and a secondary insurance	No payment due at time of service.	We will file Medicare and your secondary insurance for you.
Medicare and Medicaid	No payment due at time of service.	We will file Medicare and Medicaid for you.
Medicaid	\$3.30 co-pay at every visit	We will check your Medicaid eligibility before every visit and will file Medicaid for you.
Medicaid HMO	Your card must have the name of our provider to be seen. No payment due at time of service.	We will check your Medicaid eligibility before every visit and will file Medicaid for you.
Blue Cross Blue Shield	Pay your deductible, co-insurance or co-pay at time of service.	We will check your eligibility before every visit and will file your Blue Cross insurance for you.
Insurance we are not contracted with	Pay the visit in full at time of service.	We will file your insurance for you and assign benefits to you so you will receive payment from your insurance plan.
Worker's Compensation	You must have opened a claim with your employer to be seen. No payment due at time of service.	We will file your Worker's Compensation insurance for you.
Automobile Accident	You must have opened a claim with your insurance company to be seen. If your insurance will not pay in full, you will pay the balance at time of service.	We will call to find out the terms of and will file your automobile insurance for you. We do not file medical insurance if we know your automobile insurance is responsible.
Self-pay	Pay for the visit in full at time of service. We offer a 30% discount for cash at time of service.	None.

Other fees:

- ◆ Returned check fee - \$30.00
- ◆ No-show fee - \$25.00
- ◆ Form completion fee - \$15.00 each form

PLEASE SIGN THE BACK OF THIS FORM

AGREEMENT TO PAYMENT POLICY

I acknowledge that I received a copy of Wellness Family Medicine's financial policy and agree to the terms of payment due.

AUTHORIZATION TO RELEASE INFORMATION

I authorize release of my medical record information, pursuant to applicable federal and state laws, rules and regulations, to third party payers and other providers participating in my care, that agree to treat my information in a confidential manner in accordance with all applicable federal, state, and local laws. I further authorize any other individual or entity that has provided health care to me to release to Wellness Family Medicine, any and all of my medical record information, whether in printed or electronic form, needed to provide me with informed care. I may revoke my consent for the release of this information at any time, except to the extent that action has been taken in reliance on the consent.

ASSIGNMENT OF BENEFITS

I hereby request that payment of authorized Medicare, Medicaid and all other insurance benefits be made on my behalf to Wellness Family Medicine for any services provided to me and/or my dependents. I authorize any holder of medical information about me and/or my dependents to release to the appropriate entity and its agents any information needed to determine these benefits payable for related services.

GUARANTEE OF PAYMENT

I agree to pay all applicable charges, which are not paid in full by my insurance. If amounts due to deductible, co-payment, co-insurance are not paid according to this financial policy, the account shall be deemed delinquent. In the event that I default on payment of my account, I understand I am responsible for any and all cost incurred on the collection of my account, including court cost and reasonable attorney’s fee. If the debt is assigned to a third party collection agency, I agree to be responsible for collection fees and interest due to amounts in default.

WRITTEN ACKNOWLEDGEMENT OF PRIVACY PRACTICES

I hereby acknowledge that I have received and had an opportunity to ask questions concerning the Notice of Privacy Practice of Wellness Family Medicine.

Patient’s Signature

Date

Responsible Party

Relationship to patient