

## **Patient Financial Policy**

**Thank you for allowing us to care for you and your family. This letter will explain our financial policies and your responsibilities related to your care and treatment.**

**Patient Identity Verification:** In order to protect your identity and private health information, please be prepared to show photo identification (driver's license or other photo identification) when you check in for your visit. If you have further questions regarding our goals for preventing and detecting medical identity theft, please ask our reception staff for more information.

**Insurance Billing:** We submit claims to your insurance carrier on your behalf for the medical services that we provide to you based on the insurance information that you provide to us. We accept many insurance plans, but cannot guarantee their coverage of our services. You are responsible for verifying coverage and benefits of your individual policy. We will verify your insurance policy eligibility and basic demographics at each visit and you are responsible to have current insurance card(s) available when you present.

- Insurance card must be presented at check-in
- Co-Pays are due at time of service
- You are responsible for any amounts not covered by your insurance plan due to co-insurance, deductible, or non-covered services

**Patients With No Insurance:** Uninsured patients may pay on the date of service and receive a "same-day-discount" which is a 20% discount on charges. If your total charges are less than \$100, you will be expected to pay in full at time of service. Without knowing the exact care that will be provided prior to the actual visit, the final discount amount is determined and paid at the completion of the visit. If your charges exceed \$100 you may make a \$100 deposit and enroll in an auto-payment plan, which allows us to set up a monthly credit/debit card payment. To enroll, you must notify our Business Office to set up acceptable payment arrangements. The minimum monthly payment is dependent upon your account balance. Please contact them at (763) 504-6550 Monday-Friday from 7am-4pm.

**Past due accounts:** Balances due are to be paid in full when your statement indicates, unless you set up an acceptable payment arrangement with NWFPC. Monthly payments are expected on balances due or the account will be considered past due. If you neglect the terms of a payment arrangement without contacting us further, we could provide you with a "final notice" and turn your account balance to an outside professional collection agency. Once we turn your account to the outside professional collection agency you will be in a minimum \$50.00 "deposit" status regardless of insurance coverage. That deposit will be required at the time of registration for your appointment. (Medicaid patients are exempt from this deposit requirement). You will remain in a "deposit" status until you re-establish your reliability to follow our payment expectations. Our Business Office is available to set up acceptable payment arrangements or assist you with any questions regarding your account or insurance billing. Please contact them at (763) 504-6550 Monday-Friday from 7am-4pm.

**Payment Methods:** For your convenience, we have a number of payment methods available to you including online bill pay.

- Cash
- Check
- Credit/Debit Card
- HSA Card
- Online Bill Pay <https://www.paymydoctor.com/>

**Monthly Statement:** Every patient has their own account, regardless of age of the patient. The guarantor (also known as head of household) of a minor child will receive the monthly statement for that minor child. Thus, a family would receive more than one monthly statement based on the number of family members with an open balance on their particular account. Statements are only generated once the account has been processed by insurance, or after a \$100 deposit and payment arrangement for uninsured accounts. If you are making one payment for more than one patient's account, it is your responsibility to include the account number for each member you are paying on, along with the dollar amount you want paid on each account. Please understand that we post payments to the oldest owing patient encounter first. For your convenience, you may also option an E-Statement by registering at <https://www.paymydoctor.com/>. This stops paper statements and are submitted to your email address.

**NSF/Returned checks:** There is a fee (currently \$20.00) for any check returned by the bank.

**Divorce:** After a divorce or separation, the parent authorizing or accompanying the child for treatment will be responsible for any subsequent charges. If a divorce decree names a parent to be responsible for medical bills, please be prepared to present a copy of that divorce decree to our Business Office staff. We will make the necessary adjustments on the child's account to reflect information provided.

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I authorize Northwest Family Physicians to (1) release any information necessary to insurance carriers regarding me or my minor child's illness and treatment; (2) process insurance claims generated in the course of examination or treatment; and (3) allow a photocopy of my signature to be used to process insurance claims for one year from date of signing or unless revoked sooner. I also authorize release of my (or my minor child's) medical records if referred to another provider for ongoing treatment and care.

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Signature of Patient or Responsible Party if a Minor

/Date