

## **Practice Financial Policy**

Thank you for choosing HealthCore Physicians Group for your medical care. We care committed to providing you with quality, personal health care, and appreciate your commitment to adhere to this Financial Policy Agreement. By understanding our policy, we can provide you with the best service. Agreement with this policy is required for all medical care.

Except as indicated below, payment is required at the time services are provided unless other arrangements have been made in advance. We accept cash, personal in-state checks, Visa, MasterCard, Discover and American Express. There is a \$40.00 service charge for each returned check.

### **OFFICE HOURS:**

- Monday – Friday from 8:00am to 5:00pm, by appointment only
- Saturday from 8:00am to 11:30am; this is a walk-in clinic for acute illnesses only
- As a courtesy to other patients, we request you arrive on time. If you arrive more than 10 minutes late for your scheduled appointment, you may be asked to reschedule. For after-hours and weekend emergencies, please call the office first. A message will guide you to the physician on call.

### **INSURANCE:**

- We participate in most managed care plans and will bill your insurance plan as determined by our contract with each given plan. Copayments, deductibles, and coinsurance amounts are due at the time of service.
- If we do not participate with your managed care plan, payment in full is required at the time of service, unless other arrangements have been made in advance. We may be able to bill your plan as a courtesy to you and credit your account if we receive any additional payment.
- Knowing your insurance benefits – including eligibility, covered benefits, and medically necessary procedures – is your responsibility. Please contact the customer service department at your insurance company for question you may have regarding your coverage.
- You are responsible for any charges not covered by your insurance plan.

### **Proof of Insurance**

- All patients must complete and/or update our registration form at each office visit.
- You must furnish valid and up-to-date proof of insurance coverage and a copy of your driver's license or other state-issued photo ID at each office visit.
- If you provide false or expired insurance information you will be responsible for the balance due for that visit.
- Please notify us of any changes in your insurance coverage prior to your appointment. Insurance denials for termination of coverage will be automatically billed to you.

### **Copayments, Deductibles and Coinsurance**

- All copayments, unsatisfied deductibles and applicable coinsurance amounts must be paid at the time of service. By contractual law, your insurance company requires us to charge for, and you to pay for, all required copayments, coinsurance, deductibles and non-covered services.
- We will submit your insurance claims and assist you in any way reasonable to help get your claim paid.

- Your insurance company may need you to supply information directly to them. It is your responsibility to comply with their request(s) in a timely manner. Texas insurance law requires your insurance company to provide timely payment.

#### **OUT-OF-NETWORK CARE / SELF-PAY:**

- Please be aware that you have an option to seek care from physicians even though they are not participating in your insurance network. In this situation, your out-of-pocket expense will be greater than if you seek care from an in-network physician.
- As a courtesy to our out-of-network patients, we will file your insurance claim if desired. However, all out-of-network patients will be charged the current Medicare allowable for services rendered. Payment is due at the time of service.
- This benefit also applies to individuals without insurance.

#### **ADMINISTRATIVE SERVICES, CHARGES AND PATIENT RESPONSIBILITIES:**

Due to the continued decline in reimbursement from insurance companies and their failure to pay for the following services, we are no longer able to absorb the cost of these services. Therefore, the following administrative services will be billed directly to you with payment being your responsibility. Our practice is committed to providing the highest quality of service to our patients while keeping our charges for administrative services at or below the usual and customary charges of other medical practices in our area. All such administrative fees must be paid prior to scheduling future appointments.

#### **Appointment Cancellations / Missed Appointments**

- Broken appointments represent not only a cost to us, but also an inability to provide service to others who could have been seen in the time set aside for you.
  - We require 24 hours' notice of cancellation to avoid a cancellation fee. The cancellation fee is \$50 for new patient appointments and \$25 for follow-up appointments.
  - It is your responsibility to remember your appointment. We do not guarantee that reminder calls will be made in advance.

#### **Prescription Refills**

- New prescriptions will not be issued without first seeing your physician. Prescriptions for acute care or chronic conditions are written with an appropriate number of refills to complete the course of treatment or to last you until your next scheduled appointment.
  - You may be charged \$25 for any additional refills issued without seeing the physician or to replace a lost prescription.
  - All prescription requests are taken only during office hours and filled within 48 hours.

#### **Prescription Prior Authorizations**

- We will honor prior authorization requests from the patient, but the patient is responsible for contacting their insurance company to have them forward the prior authorization form to our office.
- A \$25 fee will be assessed for time to complete the prior authorization form. The fee must be paid before the prior authorization will be completed.
  - Any request for a forced change in your medication by your insurance company will require an office visit.
  - The patient will need to ask their insurance plan what "alternative medications" are covered and provide a list to their Physician.

**Letters / Form Completion**

- At the discretion of the Physician, letters and forms requiring medical review and physician signature are subject to a \$35 fee plus \$5 per page/side.
- This fee must be paid prior to the forms being completed.

**Telephone Consultations / After-hours Calls**

- Telephone consultations/after-hours calls for medical advice/treatment may be subject to a fee that is billed directly to you. Fees for these services vary based on complexity and range from \$30 to \$75 per call.

**Requests for Medical Records**

- In accordance with Texas law, HealthCore Physicians Group requires written requests for the release of medical records.
  - The administrative fee associated with retrieving and copying medical records is based on current Texas law and is dependent on the number of pages requested. Please take this into consideration when requesting copies of your medical records.

**FAILURE TO PAY:**

The practice provides patients who have delinquent financial accounts with a series of statements and collection notifications. Continued failure to respond to billing statements or make payments may result in the suspension of certain non-urgent services and ultimately dismissal from the practice. Please be advised that outstanding debts may be forwarded to a collection service where unpaid balances will be reported to the appropriate credit agencies.

**REFUNDS AND OVERPAYMENTS:**

Should you feel you have made an overpayment to our office or are awaiting a refund based on insurance reimbursement, please contact our Billing Office with questions. If you are entitled to a refund, our office will issue a refund check to the responsible party listed on the account, upon request. Due to the frequency of visits in primary care, if we do not receive a specific request for a refund, overpayments may be applied as a credit to the patient's account and applied to future visits in our office.

Should you have any questions about this agreement or any billing issues, we encourage you to discuss them with our Billing Office. We appreciate your dedication to our physicians and are happy to have you as part of our practice.