

PAYMENT POLICY

Andre Van Mol, MD & Julie Winter NP

Thank you for choosing us as your primary care provider. We are committed to providing you with quality and affordable health care. Because some of our patients have had questions regarding patient and insurance responsibility for services rendered, we have been advised to develop this payment policy. Please read it, ask us any questions you may have and sign in the space provided. A copy will be provided to you upon request.

- 1. Insurance.** We participate in most insurance plans, including Medicare. **We do not accept Medi-Cal, Workers Compensation, third parties or liens.** If you are not insured by a plan we do business with, payment in full is expected at each visit. If you are insured by a plan we do business with but don't have a current insurance card, payment in full for each visit is required until we can verify your coverage. Knowing your insurance benefits is your responsibility. Please contact your insurance company with any questions you may have regarding your coverage. If you do not have insurance, full payment is required at each visit. We do offer a cash discount for our uninsured patients, but this discount is only available when you pay at the time of service.
- 2. Co-payments and deductibles.** All co-payments and deductibles must be paid at the time of service. This arrangement is part of your contract with your insurance company. Failure on our part to collect co-payments and deductibles from patients can be considered fraud. We do not bill for co-payments so make sure your co-payment is paid at each visit.
- 3. Non-covered services.** Please be aware that some/all of the services you receive may be non-covered or not considered reasonable or necessary by your insurance. You must pay for these services in full at the time of visit.
- 4. Proof of insurance.** All patients must complete our patient information form before seeing the provider. We must obtain a copy of your driver's license and current valid insurance card to provide proof of identity and insurance. If you fail to provide us with the correct insurance information you may be responsible for the balance of your claim.
- 5. Claims submission.** We will submit your claims and assist you in any way we reasonably can to help get your claims paid. Your insurance company may need you to supply certain information directly. It is your responsibility to comply with their request. Please be aware that the balance of your claim is your responsibility whether or not your insurance company pays your claim. Your insurance benefit is a contract between you and your insurance company. Our office is not party to that contract.
- 6. Coverage changes.** If your insurance changes, please notify us and bring in a copy of your new card so that we can update your information. If your insurance company does not pay your claim in 45 days, the balance will automatically be billed to you.
- 7. Nonpayment.** If your account is over 90 days past due, you will receive a letter stating that you have 14 days to pay your account in full. Partial payments will not be accepted unless otherwise negotiated. Please be aware that if a balance remains unpaid, we may refer your account to a collection agency and you and your immediate family members may be discharged from this practice. If this is to occur, you will be notified by regular and certified mail that you have 14 days to find alternative medical care. During that 14-day period, you may be seen on an emergency basis only and will be required to pay for your care before being seen.

Our practice is committed to providing the best treatment to our patients. Our prices are representative of the usual and customary charges for our area. Thank you for understanding our payment policy. Please let us know if you have any questions.

I have read, understood and agree to abide by this payment policy.

Signature of patient/responsible party

Date