Harris Internal Medicine
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PATIENT FINANCIAL POLICIES

Effective Date: May 1, 2017

For 20 years, Harris Internal Medicine has been committed to providing our patients with the best in comprehensive and preventative care. If you are a new patient to our practice, we look forward to establishing a beneficial relationship as your primary health care provider. If you are a current patient, we look forward to continuing our relationship.

In order to continue this long history of comprehensive care for our patients, our practice, like all businesses, must collect payment for our services in order to remain financially viable. Unlike other businesses, however, medical practices typically receive payment from someone other than the individuals to whom they provide services (from our patients' health insurance carriers), and frequently we may not receive payment until 30 days or more after those services are provided – and obviously that's not quite how it happens when you go to the grocery store or to get your car repaired. In order to continue to provide our patients with the high standards of care and expertise they have come to expect, it is important that we work together to ensure accurate billing and timely payment for the services we provide.

The financial policies on the following pages outline our mutual responsibilities in this process.

We know this is a lot of information to read and absorb, but we want to make sure you are fully informed about what we need from you, and what you can expect from us, concerning the financial aspects of your care. As always, we are happy to answer any questions you may have, and will continue to work with you to navigate the increasingly complex maze of insurance plan rules and requirements in order to resolve your account balance timely and accurately.

PATIENT DEMOGRAPHIC AND INSURANCE INFORMATION

It is critical that we have correct demographic (personal) information about you and about your health insurance coverage in order for us to bill accurately for the services we provide to you. This information includes:

- **Your complete name, address, and phone number;**
- **The name of your insurance company, the group and subscriber number or other identifying numbers;**
- **Your insurance company's claims filing address and telephone number;**
- **A COPY of your insurance card, which also shows important information about your plan; and**

At each visit, we will verify your demographic information and make a copy of your driver's license (or other valid photo ID) and, for patients with insurance, your current in-force insurance card for your primary and (if applicable) secondary insurance. This is to ensure accurate billing information and to protect you by confirming that we are providing services to the correct individual. This is no different than when you check into a hotel and are asked for your credit card and photo ID, or when your bank asks for your photo ID at the teller window for those transactions. Please understand that our staff will ask for this information and these documents even if you

have recently been seen in our office. If you do not provide us with the needed information in a timely manner, you may be responsible for payment for services rendered.

CANCELLATIONS AND MISSED APPOINTMENTS

While we understand that personal circumstances sometimes make it necessary for you to cancel your office visit or testing appointment, please notify us as soon as you know you will not be able to keep your appointment. Short-notice cancellations and missed appointments or "no-shows" prevent us from offering the appointment to other patients wishing to be seen. Appointments not cancelled at least 24 hours in advance are considered "no-shows". There will be a $35 no show fee assessed for any missed appointments not cancelled at least 24 hours in advance. A frequent pattern of "no-shows" makes it impossible for our providers to provide appropriate continuity of care, and **may result in a patient's discharge from our care.**

RELEASE OF MEDICAL INFORMATION

Under Federal HIPAA regulations, we will release information from your medical record to your insurance carrier if required in order to process our claim for services we provided; to your primary care physician or other referring or treating physician(s) to provide continuity of care; and in certain other circumstances specifically permitted by HIPAA rules, without prior written authorization from you.

If you wish to have us release information from your medical record to other individuals or organizations, you will need to sign an authorization specifying the information to be released and to whom it is to be released. There may be a charge for release of information in certain circumstances; for example, for life insurance applications or legal proceedings, among other circumstances. For more information on the use and disclosure of your protected health information please refer to our Notice of Privacy Policies.

COMPLETION OF FORMS

There may also be times when you request that we complete forms of various types; examples may include medical histories for life insurance applications, disability forms, certification forms for handicapped license plates or hang tags, etc. If your provider is able to complete a short form during a scheduled office visit, there is no additional charge. However, if the form is long or complicated, will require additional time outside of the scheduled visit to complete, or if you are not being seen for a scheduled office visit, there will be a $50.00 charge, payable in advance, for completion of each form. Please understand that completion of such forms requires time by our providers and staff in order to ensure that they are completed accurately. It may also take several days before the form is available for pick-up if your provider is not available for completion and/or signature at the time of your request, so please allow sufficient time before the form is needed.

PATIENTS WITH INSURANCE COVERAGE

Insurance Plans with Which We Participate - We are participating providers with many of the major commercial and managed care insurance plans, including Blue Cross Blue Shield, Aetna, Cigna, and United Healthcare, among others, and we accept many other commercial insurance plans with which we do not have a formal contract. For questions about whether we participate with or accept your insurance plan, please contact our billing department for assistance.

HMO Plans - If your insurance carrier is an HMO plan with which we participate, Dr. Thomas Harris must be selected as the Primary Care Physician (PCP) before services are rendered. If Dr. Harris is not selected as the PCP your appointment will be rescheduled.

If we do not participate with your HMO plan and/or your plan does not have an out-of-network option, we are unfortunately not able to see you for any services in our office unless you sign the Election to Self-Pay for Services Agreement.

Verification of Insurance Coverage - We will verify your insurance coverage at the time your visit is scheduled. If your insurance coverage changes after you schedule your appointment, please notify us as soon as possible, before your visit. **If we are not able to confirm active coverage, you will be considered "self-pay."** It may be necessary to reschedule your visit whether or not we are able to verify your new coverage (and whether we participate with your new carrier), and whether or not you are able to make payment at the time of the visit. [Please see the section entitled **AMOUNTS DUE FROM YOU** for further information and options.]

REFERRALS AND PRE-AUTHORIZATIONS FOR SERVICES

Referrals - Your insurance plan may require a referral from us, your primary care physician (PCP), in order for you to see specialists or have diagnostic tests. **Under the terms of your coverage, it is your responsibility to obtain the appropriate referral prior to your visit with the specialist. You must notify our office at least 48 hours in advance for any referral requests. In addition, our office will only provide referrals ordered by our providers.** Referrals for new medical conditions require an office visit.

NON-COVERED SERVICES

Our providers follow current internal medicine standard of care and appropriate-use guidelines in ordering diagnostic tests or procedures as part of your care. Please be aware that some of the tests or diagnostic procedures recommended for you by our providers may be determined to be non-covered or may be considered "not medically necessary" based on the benefits provided by your specific insurance plan. You will be financially responsible for the costs of non-covered services and services that your insurance carrier declines to cover as "not medically necessary."

Please understand that even for insurance plans with which we participate, covered benefits may vary from one person's or employer's plan to another, and it is impossible for us to know what is covered under every plan. **You** are responsible for knowing the covered and non-covered benefits available under your plan. If you have questions, contact your employer's personnel department or your plan directly.

PAYMENT OF COPAYMENTS AND DEDUCTIBLES

Copayments - You are responsible for paying your **copayment** at the time of each office visit. Copayments are part of your contract with your insurance carrier, and in order to keep our billing costs down, we are unable to bill you for your visit copayments in lieu of payment at the time of your visit. [It is also a violation of our contract with your insurance carrier for us to "waive" copayments in the absence of documented financial need.] We are aware that insurance companies sometimes do not assess a copayment, or assess a different copayment, when they process the claim. However, we must rely on the information we receive when we verify your insurance benefits, and we therefore collect the copayment amount specified by your insurance carrier's benefit verification.

If you are unable to pay your copayment at the time of your visit, we will be happy to reschedule the visit for another date.

Deductibles – Most commercial and managed care insurance plans also include an annual **deductible** amount that must be paid by the patient before the plan pays any benefits, and many people now have **high-deductible health plans (HDHPs)**, with annual deductibles that can be thousands of dollars. [Although many plan deductibles re-set at the beginning of the calendar year, other plans may re-set in a different month. Check with your plan to find out when your deductible "year" begins.] If you have not met your deductible, your insurance carrier will process the claim towards your deductible, but will not make any payment to us, and you will be responsible for payment of the contractual amount approved by your plan.

We will notify you of the deductible applicable to the scheduled visit based on our verification of your insurance coverage (this is not necessarily the same amount as your remaining deductible), and payment will be expected at the time of service. Even if you believe you have already met your deductible as a result of medical services from other providers, those services may not yet have been processed by your insurance plan and your deductible may not yet show as having been met when we verify your coverage.

If you are unable to pay your applicable deductible at the time of your visit, or to make approved payment arrangements after speaking with office staff, we will be happy to reschedule the visit for another date.

AMOUNTS DUE FROM YOU

We understand that paying for out-of-pocket medical care costs can be financially challenging. We offer several options for payment of amounts due from patients who do not have insurance ("self-pay" patients), as well as for those patients who may have a large self-pay balance after insurance due to deductibles and/or coinsurance for which they are responsible.

How to Pay – Patients with self-pay balances receive monthly statements, with payment due upon receipt. We accept cash, personal check, and Visa, MasterCard, Discover and American Express credit and debit cards, as well as FSA, HRA and HSA debit cards, for all patient payments (please do not send cash payments through the mail). In the event of a returned check, a $35.00 service charge will be added to your account to cover fees assessed by our bank.

AMOUNTS DUE FROM YOU

Discounts for Self-Pay Patients – For patients without insurance who elect to make payment at the time of service, we are able to offer a significant "prompt pay" lab (bloodwork) discount. This discount applies only to patients without insurance, is only for services provided in our office, and is only available if the discounted amount is paid in full at the time of the office visit or diagnostic test.

The discounted payment for a self-pay new patient visit (excluding in office procedures and lab tests) is $130.00 for new patients, and for a self-pay follow-up patient visit (established patients) is $90.00, which must be paid in full at time of service. Please contact our billing department for information on prompt pay discounts for labs and payment amounts for other services.

Partial Payments and Payment Plans - In certain circumstances, we are able to approve a partial payment at time of service and set up a payment plan for the balance. This may be offered in those situations where the total self-pay portion is particularly high and where your account is otherwise in good standing with a record of keeping payment promises. Because of the high cost of carrying and billing unpaid accounts, we are unable to offer payment plans of longer than 6 months. Please contact our billing department for further information.

Self-Pay Balances After Insurance - If you have insurance but have a balance remaining after your insurance carrier processes the claim (due to copayments not identified through insurance verification, unmet deductibles, coinsurance and/or non-covered services), you will receive a statement from our office showing itemized charges, insurance payments and adjustments, any patient payments, and remaining balance due. Payment is due upon receipt, and may be made by personal check or credit card as listed above (please do not send cash through the mail.) If you have a large balance after insurance that you are unable to pay in full, please contact our billing department so we can work with you to set up a short-term payment plan based on your account balance.

Refunds - In the event a patient payment results in an overpayment or "credit balance" on your account, the overpayment will be refunded to the patient as soon as all payments posted to the account have been verified and any unpaid dates of service have been resolved.

NON-PAYMENT / DELINQUENT ACCOUNTS

Please contact us if you find that you are having difficulty meeting your payment obligations. If you do not communicate with us, we cannot work with you to determine potential eligibility for a reduction in your account balance and/or to establish a reasonable payment agreement.

If the self-pay balance on your account is 60 days or more past due, if you do not contact us about your balance or respond to our efforts to contact you, and/or if you do not make agreed-upon payments when we have approved a short-term payment plan, *your account balance will be subject to placement for outside collection*. [Please note that accounts placed for outside collection are no longer eligible to apply for a reduction based on financial need.] Once your account has been placed in collections we will not submit or resubmit any claims to an insurance carrier. If your account balance is placed for outside collection, the unpaid amount will be reported to credit bureaus by our contracted collection agency. You will be responsible for all reasonable collection and attorney fees and filing and processing costs. In extreme circumstances, an unpaid account balance may result in a patient's discharge from our care.

FOR FURTHER INFORMATION AND ASSISTANCE

Our providers strive to provide you with the best in comprehensive healthcare – but their knowledge and expertise is about your medical needs, not about insurance and billing, and they will direct you to our office staff with your billing questions.

Our front office staff and billing department are experienced and dedicated to ensuring that the charges for your medical care are billed promptly and accurately. If you need assistance or have further questions, **please contact our billing department at (407) 351-9696 between 8:30 am and 5:30 pm Monday through Friday**, or send us a message to billing@harrisinternalmedicine.com at any time. We will make every effort to resolve your questions.

Thank you.

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