Patient Responsibility

Payment Policy

It is our payment policy to collect the appropriate payment due from the patient at the time the service is rendered. This may only be your *copayment or copay*, *deductible*, and/or *coinsurance*, but we do ask for payment at the time of your visit.

- ☐ We have not contacted your health insurance company but anticipate the following payment responsibility.
- ☐ We contacted your health insurance company Family Health and Wellness Center for an estimate of your health care *benefits* for the following procedures or services:
  [list procedures or services]

Your health insurance company benefit plan identifies that you are responsible for the following estimated charges:

Your insurance company considers the physician to be	
☐ *in-network*	☐ *out-of-network*
Deductible	
Copayment	
Coinsurance	
Other charges:	

- ☐ Your plan policy indicates that a *preadmission approval or certification* is required. The physician office staff received the following authorization number—[authorization number]—from your health insurance company.

Patient Medical Billing Process

The physician office staff, as a courtesy to you, will submit a medical bill to your *primary health insurance company* for processing. It is important to give your updated information to the physician office staff, since your complete and current information is necessary to submit an accurate *claim form* to your insurance company. The remaining claim will be sent to a *secondary health insurance company*, if provided, after the payment is received from the primary health insurance company.

The physician office staff will mail to you a *bill/invoice/statement* that contains the total cost of your service(s) and/or procedure(s) received during your office visit. You may expect this bill within ____days. The health insurance company payment will be deducted from the bill when the office staff receives it.

You are responsible for any outstanding balance, such as *noncovered charges*, as outlined in your health insurance company policy. These charges are listed on the *advance medical services payment agreement* or *advanced beneficiary notice (ABN).*

Family Health
and Wellness Center

Patient Glossary of Terms

Advance medical services payment agreement—If your health insurance company will not pay for a procedure or service, the physician or hospital will request you review and sign an advance medical services payment agreement. This notice will assist you in determining whether you want to have the procedure or service performed and how you prefer to pay for it.

Advanced beneficiary notice (ABN)—If Medicare will not pay for a procedure or service, the physician or hospital will request you to review and sign an advanced beneficiary notice. This notice will assist you in determining whether you want to have the procedure or service performed and how you prefer to pay for it.

Benefit—The amount your plan will pay a physician, group, or hospital as stated in your policy, toward the cost of the service or procedure to be performed by the physician.

Bill/invoice/statement—The summary of your medical bill.

Claim—The form that the physician files with a health insurance company that details the services and procedures performed by the physician, on your behalf, and other pertinent data that are required by the health insurance company to receive payment.

Copayment or copay—The part of your medical bill you must pay each time you visit the doctor. This is a preset fee determined by your health insurance policy.

Coinsurance—The part of your bill, in addition to a copay, that you must pay. Coinsurance is usually a percentage of the total medical bill, for example, 20%.

Deductible—The amount you must pay for medical treatment before your health insurance company starts to pay, for example, $500 per individual or $1500 per family. In most cases, a new deductible must be satisfied each calendar year.

In-network—The physician has contracted a payment schedule with the health insurance company to provide you with medical care. The physician will submit your medical bill directly to the health insurance company for payment. However, you may be responsible for a copayment, deductible, and/or coinsurance according to your health insurance company benefit plan.

Noncovered charges—Costs for medical treatment that your health insurance company does not pay. You may want to determine whether your treatment is covered by your health insurance policy before you are billed for these charges by the doctor's office.

Out-of-network—The physician is not contracted with the health insurance company to provide you with medical treatment. You are responsible for the payment for the medical care. The physician may agree to submit your medical bill directly to the payer for payment. However, you may be responsible for an increased copayment, deductible, coinsurance, and/or additional charges according to your insurance company benefit plan.

Preadmission approval or certification number—A number authorizing the health insurance company to pay benefits for your care. You may need to obtain an approval number from your health insurance representative before you see the doctor in order for the health insurance company to pay for your medical treatment. Your doctor's office staff might be able to help you obtain the approval from the health insurance company.

Primary health insurance Company— the health insurance company that is responsible to pay your benefits first when you have more than one health insurance plan.

Secondary health insurance Company— the secondary health insurance company is not the first payer of your claims. The remaining claim balance will be sent to a secondary health insurance company, if provided, after payment is received from the primary health insurance company.

For questions about your bill, please call [contact name] at [telephone number] Monday through Friday between the hours of [beginning time] and [ending time].

Patient's Name (Please Print) _____

Patient's Signature_____

Date_____