

FINANCIAL POLICY

Thank you for choosing us as your health care provider. We are committed to your treatment being successful. Please understand that payment of your bill is considered a part of your treatment. The following is a statement of our Financial Policy. We require you to read and sign this policy before any treatment can be rendered.

Insurance. Your insurance policy is a contract between you and your insurance company. You will be responsible for your bill until you furnish us with a copy of your insurance card. As a courtesy, we will file the claim for you. If we are not a participating provider with your insurance company and they have not paid your date of service within 90 days, the balance may be transferred to your responsibility. Deductible and co-pay amounts are due at the time of service. Medicaid patients between the age of 18-65 have a \$2.00 co-pay, unless disabled or pregnant. We do not accept out-of-state Medicaid.

Payment For Services. All patients must complete a patient information form and provide insurance information, if appropriate, or make payment arrangements prior to leaving the clinic.

•**Payment in full.** Payment in full is expected and can be made by cash, check, or credit card.

•**Payment Plan.** If you are unable to pay the account in full, financial arrangements will be established based on the following guidelines. When establishing a payment plan, the patient (or their guarantor) will sign a contract agreement with the 1st payment due upon signing the contract. This approach requires a minimum payment of \$25.00. The contract will specify the dollar amount of subsequent payments and the day of the month the payments will be made to Ulysses Family Physicians. When you set up a payment plan, you will continue to receive a monthly statement. If you miss one (1) payment and fail to bring the account current by the due date of the following payment, the account will be referred to the clinic's collection agency.

- Patient Due Balances of \$500 or less will be set up on a 90 day payment plan
- Patient Due Balances of \$501 - \$1000 will be set up on a 180 day payment plan
- Patient Due Balances of \$1000+ will be set up on a 1 year payment plan

Payment Follow up. All accounts with a patient due balance will receive monthly statements. If statements are returned marked undeliverable with no forwarding address and if no valid phone number is available for follow-up contact, the account will be referred to the clinic's collection agency. Patient statements will be sent in the following sequence:

- Statement 1 - within 30 days
- Statement 2 - 60 days
- Statement 3 - 90 days
- Statement 4 - 120 days
- Collection Letter - 121 days

Follow-up Phone Contact. If a patient does not respond to statement inquiries, at least one phone call will be made within the first 90 days. If no effort has been made to pay on the account within 120 days, the account will be sent to the clinic's collection agency.

Usual and Customary Rates. We charge what is usual and customary for our area. You are responsible for payment regardless of any insurance company's own determination of usual and customary rates. Please be aware that some, and perhaps all, of the services provided may be non-covered services and not considered reasonable and necessary under the Medicare Program and/or other medical insurance.

Missed Appointments. Unless canceled before the appointment time, our policy is to charge after the third missed appointment at the rate of a normal office visit. Please help us serve you better by keeping scheduled appointments.

Uniform Application of Policy. This policy will apply to all patients, employees, or others who present themselves for services at Ulysses Family Physician.

I have read, understand, and agree to adhere to the above Financial Policy.

Signature of Patient or Responsible Party

Date