

## Health T.I.P. - Practice Policy

We at Health T.I.P. strive to create a friendly and comfortable environment where your health is our primary concern. Please read this Patient Policy carefully so that you will understand our policies and avoid misunderstandings. All patients must fill out a "Patient Registration Form," HIPAA forms, and sign this Patient Policy before their first visit.

**INSURANCE INFORMATION:** It is essential that you notify us of any changes in insurance, whether it is a change in carrier or a change in plan, so please bring a current insurance card with you to every appointment. We must have the insurance card issued to you, or a photo copy of the card, to file your claim. Full payment for your service must be paid at the time of visit if you cannot provide the information needed to file your insurance claim. The patient and/or bearer of the insurance policy are ultimately responsible for payment for services not covered by their insurance plan.

**PRIMARY INSURANCE CLAIMS:** If Health T.I.P. has successfully filed your claim and not received finalization from your insurance company within 90 days, the remaining balance is the patient's responsibility to Health T.I.P. and it is up to the patient to obtain payment from their insurance.

Health T.I.P. is not responsible for knowing the coverage and limitations of your insurance plan. Because of the great diversity in plans, we must require that you, the patient and/or bearer of the insurance policy, be responsible for knowing and understanding the limitations of your insurance coverage. It is your responsibility to understand the following:

- Whether or not preventive care or other services are covered by your plan.
- Whether or not Health T.I.P. is a part of your insurance provider network.
- The total and remaining amounts of your co-pay and your deductible. If the information is unknown, you will be responsible for payment in full at the time of service. Any excess payment or adjustments by your insurance company will be refunded to you.
- Any other limitations in your coverage. Being familiar with your own coverage enables you to discuss alternative healthcare options, when available, with your doctor.

**MEDICARE / SECONDARY INSURANCE CLAIMS:** We do not file secondary insurance claims. If requested, you will be provided with the information and paperwork you will need to file a secondary claim through your insurance. We do file all Medicare claims; however, we do not accept assignment of Medicare claims. Payment must be made in full at the time of service for Medicare patients and payment from Medicare will be sent to you.

**OUT-OF-NETWORK CLAIMS:** If we are not contracted with your insurance company, we require full payment at the time of service. Patients with out-of-network insurance will be responsible for their bill in full at the time of checkout. It is the patient's responsibility to find out if we are in-network before being seen.

**WORKER'S COMPENSATION / MOTOR VEHICLE ACCIDENTS:** We do not process Workman's Compensation cases, or handle car accident cases where your benefits are not handled by your health insurance.

**PATIENT UNDER AGE 18:** The parents, guardian or adult accompanying the minor is responsible for payment. For unaccompanied minors, non-emergency treatment will be denied unless consent for treatment and charges have been pre-authorized by a parent or guardian.

**SPECIALIST REFERRALS:** To ensure the most comprehensive approach to your health care, Health T.I.P. may refer you to a specialist for additional tests or treatment. In selecting such a specialist, your physician considers the specialist's experience, qualifications, and skill. Unfortunately, it is impossible for us to know which providers accept each type of insurance plan. Health T.I.P. requires that you determine whether any physician to whom you are referred accepts your insurance prior to your visit.

**FORMS:** There is a minimum of a \$10 charge for any forms that take extensive completion time during a visit and for any forms that are brought in to be filled out outside of a scheduled appointment.

**PAYMENTS:** Co-Pays must be paid at the time of service. *There will be a \$10 Late Fee for non-payment at the time of visit.* We accept cash, checks and Visa/MasterCard as payment. New patients are required to pay with either cash or credit card. *There will be a \$30 charge for all returned checks.* Accounts must be current to continue to receive care at our office. Patients may be refused care for non-emergency services if their account is 90+ days past due.

**MISSED APPOINTMENTS:** A charge will be made for broken appointments (unless 24 hour notice is given), or if you arrive more than 10 minutes late for your appointment. *A missed appointment charge is \$25 and is due prior to your next appointment at our office.* This includes appointments cancelled on the same day of the exam or times where you arrive more than 10 minutes late for your scheduled appointment. This is necessary as such occurrences are detrimental to our business and other patients waiting for an appointment. Health T.I.P. reserves the right to dismiss from the practice any patient who frequently misses scheduled appointments without prior notice.

**PRESCRIPTION REFILL REQUESTS:** *Please allow 2-3 days from the time of receipt for prescription refill requests.* Refill requests are primarily handled during an office visit. We do not fill controlled drugs over the phone or after office hours. We can transmit controlled substances electronically, but sometimes a hard copy of prescriptions for controlled substances may be required. It is the patient's responsibility to have a list of the current medications that will need to be refilled prior to your follow up appointment. Failure to request a refill on a medication during an appointment may require the patient to return for another appointment.

**LABORATORY CHARGES:** Charges for blood collections will be filed with your insurance company and you may owe a balance for the charges. *You are required to pay \$10 at the time of your blood draw at our office to cover specimen handling fees.* The laboratory will bill your insurance for the individual tests will still be filed with your insurance company by our outside laboratory.

**PHONE CONSULTATIONS:** *All patient phone conversations with LaTonya Carroll, DNP, APRN may be billed as phone consultations.* This includes prescription refill requests and result notifications. If the patient has medical questions, concerns, or treatment options that are discussed and covered during the phone call, this appointment would be billed just like a regular office visit and any co-payments or deductibles owed by the patient will apply.

**VACCINATIONS:** Adult and child vaccines are offered through our office. Because of inconsistent insurance payment expectations, payment for certain vaccines is expected at the time of service. Patients are required to sign a vaccination waiver prior to receiving the vaccine.

**Summary of Health T.I.P.'s Practice Policy Agreement:**

- Please expect to pay your copayment or deductible balance at the time of service.
- Please update the front desk staff with any changes to your address, phone number, demographics, and insurance plan prior to your visit.
- Please allow at least 48 hours for prescription refill requests.
- Medical claims that are denied because of provisions specified in the patient's insurance plan are the patient's responsibility to correct.
- Demographic and medical information may be released to specialists and other providers to coordinate your medical care.
- Prescriptions for controlled substances must be picked up in our office.
- You may be charged for phone conversations with a medical provider.
- You will be charged a \$25 fee if you do not show up for your appointments on time.
- You will owe a \$10 processing fee for all blood work done through our office.

***I have read, understand, and agree with the above patient policy. You may request a copy of all signed documents for your personal reference.***

**Signature** \_\_\_\_\_ **Date** \_\_\_\_\_